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6 Attorneys for Defendant Combined Management, Inc.
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8
9 IN THE UNITED STATES DISTRICT COURT
10 NORTHERN DISTRICT OF CALIFORNIA - SAN FRANCISCO DIVISION
11

12 APPLIED UNDERWRITERS, INC., a)
Nebraska Corporation, and APPLIED RISK)
13 SERVICES, INC., a Nebraska Corporation,)

14 Plaintiffs,)

15 vs.)

16 COMBINED MANAGEMENT, INC., a)
Maine Corporation, and Does 1 Through 10,)
17 Inclusive,)

18 Defendants.)
19 _____)

CASE NO. C-07-5129 - BZ

DEFENDANT COMBINED
MANAGEMENT, INC.'S REQUEST
FOR JUDICIAL NOTICE IN SUPPORT
OF ITS MOTION TO DISMISS FOR
LACK OF PERSONAL JURISDICTION

[Fed. R. Civ. P. 12(b)(2)]

Date: December 5, 2007
Time: 10:00 a.m.
Dept. Courtroom G

Honorable Bernard Zimmerman
United States Magistrate Judge

1 Defendant Combined Management, Inc. ("CMI"), by and through its undersigned
2 counsel, hereby requests that the Court take judicial notice, pursuant to Federal Rule of
3 Evidence 201, of the facts contained in the Affidavit of Todd Brown in Opposition to
4 Defendant's Motion to Dismiss for Lack of Personal Jurisdiction dated June 11, 2007 and filed
5 with the United States District Court, District of Nebraska, on June 12, 2007, in Case No. 8:07-
6 cv-00206-LSC-TDT, by Plaintiffs Applied Underwriters, Inc. and Applied Risk Services, Inc.
7 (together, "Applied"). A true and correct copy of Mr. Brown's Affidavit is attached hereto as
8 Exhibit A. (Previously attached as Ex. B to Defendant Combined Management, Inc.'s
9 Memorandum of Points and Authorities in Support of Its Motion to Dismiss for Lack of
10 Personal Jurisdiction).

11 CMI requests that the Court take judicial notice of the facts testified to by Mr. Brown in
12 paragraphs 4, 5 and 6 of his Affidavit. In particular, CMI requests the Court take judicial notice
13 of the following facts testified to by Mr. Brown: (1) Applied caused a proposal for workers'
14 compensation coverage to be issued from its Omaha, Nebraska office to CMI; (2) Applied
15 subsequently issued policies to CMI in Nebraska; (3) CMI sent premium payments to Applied in
16 Nebraska; (4) these payments were processed by Applied in Nebraska; (5) customer service
17 questions from CMI and its clients were directed to Applied's office in Nebraska, and responded
18 to by Applied customer service representatives in Nebraska; and (6) all claims from CMI and/or
19 its clients were submitted to Applied for claim processing in Omaha, Nebraska, and all claims
20 checks were processed, issued, and forwarded from Applied's Nebraska office.

21 Dated: November 5, 2007

STEYER LOWENTHAL BOODROOKAS
ALVAREZ & SMITH LLP

22
23
24 By: /s/ Jessica Grannis
Allan Steyer
Jessica Grannis
Attorneys for Combined Management, Inc.
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EXHIBIT A

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEBRASKA

APPLIED UNDERWRITERS, INC., A)	CASE NO. 8:07-CV-206
Nebraska Corporation and)	
APPLIED RISK SERVICES, INC., A)	
Nebraska Corporation,)	
)	
Plaintiffs,)	
)	
vs.)	AFFIDAVIT IN OPPOSITION
)	TO DEFENDANT'S MOTION
)	TO DISMISS FOR LACK OF
COMBINED MANAGEMENT, INC.,)	PERSONAL JURISDICTION
a Maine Corporation,)	
)	
Defendant.)	

STATE OF NEBRASKA)
) SS.
COUNTY OF DOUGLAS)

TODD BROWN being first duly sworn on oath states as follows:

1. He is employed by Applied Underwriters, Inc. ("Applied") the corporate parent of Applied Risk Services, Inc. ("ARS"), a Nebraska Corporation and makes this affidavit on personal knowledge and in opposition to Defendant Combined Management, Inc.'s ("Combined Management") Motion to Dismiss For Lack of Personal Jurisdiction.

2. At all times relevant herein, ARS with its main office located in Omaha, Nebraska was a managing general agent for Combined Specialty Insurance Company formerly known as Virginia Surety Company ("VSC").

3. On December 5, 2001, ARS was contacted by Kevin Kilcoyne of Barrow Group LLC located in Atlanta, Georgia ("Barrow Group") seeking to place workers'

compensation for its client, Combined Management. A copy of the initial request is attached as Exhibit 1. Combined Management is a professional employer organization ("PEO"). A PEO maintains individuals on its payroll and leases those individuals to clients.

4. As a result of the contact from the Barrow Group, ARS caused a proposal (the "Proposal") for workers' compensation coverage to be issued from its Omaha, Nebraska office to Combined Management through Barrow Group, a copy of the Proposal is attached as Exhibit 2.

5. Combined Management accepted ARS's proposal. On March 28, 2002, Applied sent an insurance binder to Combined Management via facsimile, a copy of which is attached as Exhibit 3. ARS then issued a workers' compensation insurance policy from VSC to Combined and its clients, Policy No. 015000-10554 for the period of March 29, 2002 through March 29, 2003 and renewed for the period March 29, 2003 through May 2, 2003. The policies were issued by ARS in Omaha, Nebraska.

6. Each month from March 29, 2002 through May 2, 2003, Combined Management sent all premium payments for its workers' compensation and policy to ARS in Omaha and which were processed in Omaha, Nebraska. The workers' compensation policy was issued in Omaha, Nebraska. All customer service questions from Combined Management and its clients were directed to ARS' office in Omaha, Nebraska and responded to by customer service representatives in Omaha, Nebraska. All claims from March 29, 2002 through May 2, 2003 from Combined Management and/or its clients were submitted to ARS for claim processing in Omaha, Nebraska and all claim checks were processed, issued, and forwarded from ARS's office in Omaha, Nebraska. A listing of Combined Management's claims is attached as Exhibit 4.

7. Neither Applied nor ARS maintain an office in Maine.

8. Combined Management owes ARS \$278,901.48 for workers' compensation insurance provided to Combined Management pursuant to the Proposal, as set forth in the Profit Sharing Statement attached as Exhibit 5.

9. After expiration of the workers' compensation policies, the Applied Companies conducted a premium audit of Combined Management and issued Premium Audit Statements, copies of which are attached as Exhibit 6.

10. To my knowledge, Combined Management would never have dealt directly with VSC, all dealings being with ARS. VSC never assigned the Combined Management account to ARS.

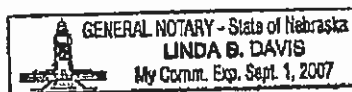
11. Premium payments made by Combined Management were paid by check sent to ARS in Omaha, Nebraska.


12. During the Applied Companies' efforts to collect the amount due and owing from Combined Management, Robert Murch, Combined Management's president communicated with Larry Billman via e-mail directed to Applied's offices in Omaha, Nebraska, true and accurate copies of which are attached as Exhibit 7.

13. Further Affiant Sayeth Not.


TODD BROWN

SUBSCRIBED AND SWORN to before me this 11 day of June 2007.




NOTARY PUBLIC

Jeana Walker

From: Carl DeBarbrie [cdebarbrie@applieduw.com]
Sent: Wednesday, December 05, 2001 3:39 PM
To: Jeana Walker
Subject: FW: Work Comp



Pro Exhibit Cst for
Applied.WL... Jeana:

Please start a QS on this. I'll ask Kevin to forward payroll by class code to you.

cd

-----Original Message-----
From: Kevin Kilcoyne [mailto:kkilcoyne@barrowgroup.com]
Sent: Wednesday, December 05, 2001 3:25 PM
To: cdebarbrie@applieduw.com
Subject: Work Comp

Hello Carl.

I hope everything is going well for you.

We have a client that is in the State of Maine, and is in need of replacement coverage for their current program.

Combined Management is located in Auburn, Maine. Here are some quick details. I have also attached a quick summary exhibit for examination. It has three tabs: Overall Experience; Terminated Clients; & Current book of Business (used to show the effect of eliminating terminated clients).

- * Slightly over \$ 1 million in premium
- * 5 year loss ratio of 36% Incurred (2001: 15%; 00-01: 37%; 99-00: 37%; 98-99: 60%; 97-98: 29%)
- * Dedicated on-site Risk manager
- * Has backing / recommendation from Maine DOI (references available)
- * Have dedicated risk manager with many years experience (former risk control for armed forces)

I can provide more detail (most of it in electronic format) per your request. Thanks for your help on such prompt notice.

Best Regards,

Kevin Kilcoyne, Account Executive
Barrow Group, LLC



Insurance Facility Proposal

Workers' Compensation Insurance

QUOTATION # 805319 Issued by Applied Risk Services

Named insureds

Combined Management, Inc. and all clients listed in the application submitted except those specifically excluded below.

Program Effective Dates

March 15, 2002 to March 15, 2003

Coverage Form

Workers' Compensation Insurance

Coverage A: Statutory

Coverage B:	Bodily Injury by Accident	\$1,000,000 Each Accident
	Bodily Injury by Disease	\$1,000,000 Policy Limit
	Bodily Injury by Disease	\$1,000,000 Each Employee

Coverage Extensions and Exclusions:

- All/Other States Coverage, except Monopolistic states
- Stop Gap Coverage as required
- Notice of Cancellation-30 days, 10 days for non-payment of premium (or as per state regulation)
- Statutory Mandatory Endorsements

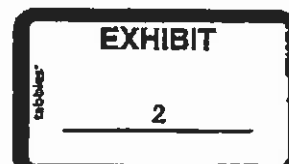
Issuing Carrier

Combined Specialty Insurance Company (formerly Virginia Surety Company)

NAIC Company Code: 40827

1999 Surplus: \$318,749,000.

1999 A.M. Best rating A+



Program Exclusions

Combined Management, Inc.:

Any operations not customarily considered office clerical or sales.

Clients of Combined Management, Inc.:

- USL&H
- Jones Act
- FELA
- Defense Base Act Coverage except where incidental.
- Operations involved in asbestos or fiberglass abatement.
- Operations involved in aviation.
- Operations involved in mining.
- Sub-aqueous operations.
- Operations involved in gas, oil, or geothermal drilling.
- Employee leasing companies.
- Temporary help companies.
- Coordinated policies with a self-insured-retention layer of more than \$10,000.

Policy Issuance

Master and multiple coordinated policies will be issued in accordance with rules and regulations filed with state compensation rating bureaus and/or the NCCL.

All policies will be issued on a guaranteed cost or non-participating plan basis except as otherwise agreed.

Program Structure

Risk (listed below) will be held in the Applied Underwriters Indemnity RAC captive facility.

If applicable, collateral and loss funds will be held in a trust account designated by us.
Collateral required in the form of cash or letters of credit written with our standard form from a bank acceptable to us.

No new exposures may be added without our express authorization.

Electronic submission of payroll audit information is due monthly in a format to be specified by us.

Other Terms

No authority is granted to issue certificates or binders.

UR cc dy

Risk Program and Administrative Fees

Standard Premium is calculated using issuing company base rates multiplied by a factor of 1.19. Estimated annual Standard Premium is \$889,706 on estimated annual payroll of \$18,072,151.

This program has a profit and risk-sharing component. The minimum final premium amount will be .75 of Standard Premium. The maximum final premium amount will be 1.25 of Standard Premium.

Profit sharing, if any, will be payable 18 months from inception, and adjusted annually thereafter until all claims have been paid and closed, and is calculated as follows:

- Converted losses and expenses less than .75 of Standard Premium (\$667,280 based upon the estimated annual Standard Premium above) will result in the minimum premium.
- Converted losses and expenses in a range between .75 of Standard Premium and 1.25 of Standard Premium (the range would be \$667,280 to \$1,112,133 based upon the estimated annual Standard Premium above) will result in a final premium equivalent to the sum of converted losses and expenses.
- Converted losses and expenses greater than 1.25 of Standard Premium (\$1,112,133 based upon the estimated annual Standard Premium above) will result in the maximum premium.
- Converted losses are computed by applying the loss limitation and loss conversion factors. A claims handling expense of 10.00% of incurred claims (loss conversion factor of 1.10) on the first \$200,000 of each claim including ALAE.

Earned Standard Premium will be adjusted at final audit based on the total payroll reported for all applicable class codes times the adjusted insurance company base rates. The profit and risk-sharing plan will use losses based on the aggregate incurred loss value prior to the calculation date, which will be 18 months from policy inception of March 15, 2002 and adjusted annually thereafter until all claims have been paid and closed. Any return or additional payments will be made at those times using the factors noted in the profit and risk-sharing plan.

Surcharges, assessments, expense constants, and other similar charges are in addition to the above premium. Every effort has been made to include all applicable current premium surcharges. However, if a particular jurisdiction adds, removes or changes one or more surcharges, or if we inadvertently either fail to include one or more surcharges or include an incorrect surcharge, then any necessary changes will be brought to your attention as soon as possible. Since all such surcharges and assessments are regulated by the respective jurisdictions, we will follow those rules and bill you for full payment up-front of any surcharges or assessments.

cc
dyCollateral and Loss Fund

Collateral and loss fund to be paid in cash or letters of credit written with our standard form from a bank acceptable to us.

Collateral is required to secure the maximum premium amount due in the program. Collateral is based on the estimated annual payroll of \$18,072,151 and will be evaluated throughout the program to keep the maximum premium fully funded.

Billing

Estimated annual pay-in premium: \$1,112,133

Deposit due at inception: \$ 88,971

Monthly payments are due and payable on or before the 15th day of the succeeding month. The first monthly payment is due on or before April 15, 2002 and each succeeding month thereafter. Monthly payroll audit reports are required by the 7th of each month for the preceding month. Monthly payments will be adjusted monthly to the actual earned payroll and exposure.

Collateral due at inception: \$100,000 with the balance due in two fixed installments of \$61,214 each due May 1, 2002 and June 1, 2002.

Stipulations

Post inception and periodic coverage and premium audits on premises.

Execution of the following agreements no later than 30 days after the effective date of the program: Rent-a-Captive Membership Contract, Retrocession Agreement, Program Administration Agreement, Indemnity Agreement, and Collateral Agreement.

Quotation is subject to final underwriting approval for: Alternative Warehouse, ALR, Inc., C&J Trucking

This proposal supercedes and voids any proposals previously issued.
This proposal expires on the requested coverage effective date.

This quotation does not authorize service or bind any type of insurance coverage. Marketing representatives, agents, and brokers do not have the authority to bind coverage or enter into contracts on behalf of the company or its affiliates. Initiation of coverage is subject to final review and formal acceptance by Applied Risk Services ("Company"). Coverage will be bound only after: a proposal is issued by the company, the acceptance letter attached to the proposal is signed and returned to the Company, the proposal is granted final approval by the Company's underwriters, and the Company issues written notice that coverage is bound.

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ACORD INSURANCE BINDERDATE
3-29-02

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER Applied Risk Services, Inc. P O Box 281900 San Francisco, CA 94128-1900		PHONE (415) 656-5000	COMPANY Virginia Surety Co., Inc.	BINDER #
CODE:		SUB CODE:	THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
AGENCY CUSTOMER ID:		DESCRIPTION OF OPERATIONS/VEHICLE/PROPERTY (including Location)		
INSURED Combined Management, Inc. 67 Minot Avenue Auburn, ME 04210				

COVERAGES**LIMITS**

TYPE OF INSURANCE	COVERAGE FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC CAUSES OF LOSS				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR RETRO DATE FOR CLAIMS MADE:		EACH OCCURRENCE	\$	
		FIRE DAMAGE (Any one fire)	\$	
		MED EXP (Any one person)	\$	
		PERSONAL & ADV INJURY	\$	
		GENERAL AGGREGATE	\$	
		PRODUCTS - COMP/OP AGG	\$	
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT	\$	
		BODILY INJURY (Per person)	\$	
		BODILY INJURY (Per accident)	\$	
		PROPERTY DAMAGE	\$	
		MEDICAL PAYMENTS	\$	
		PERSONAL INJURY PROT	\$	
		UNINSURED MOTORIST	\$	
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____		ACTUAL CASH VALUE		
		STATED AMOUNT	\$	
		OTHER		
DAMAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT	\$	
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT	\$	
		AGGREGATE	\$	
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM RETRO DATE FOR CLAIMS MADE:		EACH OCCURRENCE	\$	
		AGGREGATE	\$	
		SELF-INSURED RETENTION	\$	
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY Policy # 015-00010554		<input checked="" type="checkbox"/> WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT	\$ 1,000,000	
		E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
		E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES	\$	
		TAXES	\$	
		ESTIMATED TOTAL PREMIUM	\$	

NAME & ADDRESS

Combined Management, Inc. 67 Minot Avenue Auburn, ME 04210	<input type="checkbox"/> MORTGAGEE	ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	<div style="border: 2px solid black; padding: 5px; text-align: center;"> EXHIBIT 3 </div>
	AUTHORIZED REPRESENTATIVE	



Date Prepared: 01/23/06
Valuation Date: 12/31/05

IR = Incident Report, MO = Medical Only, LT = Loss Term

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inia Surety Company, Inc. / Applied Underwriters
re of Client: Combined Management Inc
y Number: 015-00010554
cy Period: 03/29/02 - 03/29/03
e: 1

ln Number	Claimant Name Location Name Account #	State - NCCI Status Loss Type	Accident Description Nature of Injury Part of Body	Date of Injury Date Reported Date Closed	Expense Type	Incurred	Paid-to-Date	Outstanding
3698	Grewier, Desrae Truckers International, Inc. 00-1001	ME - ME8810 Closed IR	Fall, Slip or Trip Injury: From Liquid Specific Injury: Laceration Upper Extremities: Hand	05/29/02 05/31/02 07/31/02	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
3749	Brown, Douglas Rainbow Cleaning, Inc. 00-1001	ME - ME8810 Closed IR	Fall, Slip, Trip Injury: NOC Specific Injury: Strain Trunk: Abdomen Including Groin	05/21/02 05/22/02 06/24/02	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
3812	Spooford, Steve Alternative Labor Resources 00-1001	ME - ME8810 Closed IR	Cut, Puncture, Scrape, Injured By: Specific Injury: Laceration Upper Extremities: Thumb	06/08/02 06/10/02 06/24/02	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
3852	Grewier, Desrae Truckers International, Inc. 00-1001	ME - ME8810 Closed IR	Strain or Injury By: Reaching Specific Injury: Strain Trunk: Low Back Area (Lumbar Area)	06/13/02 06/14/02 07/31/02	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
3854	Ramsdell, Jaime Truckers International, Inc. 00-1001	ME - ME8810 Closed IR	Strain or Injury By: Reaching Specific Injury: Strain Trunk: Upper Back Area (Thoracic)	06/12/02 06/12/02 06/24/02	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
34019	Duprey, Paul Truckers International, Inc. 00-1001	ME - ME8810 Closed IR	Cut, Puncture, Scrape, Injured By: Specific Injury: Laceration Upper Extremities: Thumb	06/28/02 06/28/02 07/08/02	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
04176	McLaughlin, Christopher Alternative Labor Resources 00-1001	ME - ME8292 Closed IR	Striking Against or Stepping On: Specific Injury: Contusion - bruise Lower Extremities: Knee	07/15/02 07/17/02 07/24/02	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
04177	Marston, Anthony Alternative Labor Resources 00-1001	ME - ME8292 Closed IR	Strain or Injury By: Lifting Specific Injury: Strain Trunk Low Back Area (Lumbar Area)	07/17/02 07/17/02 07/24/02	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00

EXHIBIT

4



Date Prepared: 01/23/06
Valuation Date: 12/31/05

IR = Incident Report, MO = Medical Only, LT = Lost Time

Case: 8:07-cv-00206-LSC-T

Document #: 5-2

Date Filed: 6/12/2007

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inia Surety Company, Inc. / Applied Underwriters
ve of Client: Combined Management Inc
y Number: 015-00010554
y Period: 03/29/02 - 03/29/03
e: 2

n Number	Claimant Name Location Name Account #	State - NCCI Status Loss Type	Accident Description Nature of Injury Part of Body	Date of Injury Date Reported Date Closed	Expense Type	Incurred	Paid-to-Date	Outstanding
4362	Rollins, Stephen Alternative Warehouse Services 00-1001	ME - ME8044 Closed IR	Fall, Slip or Trip Injury: On Same Specific Injury: Strain Trunk: Low Back Area (Lumbar Area)	08/02/02 08/06/02 08/22/02	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
4369	Welch, Timothy C&J Transport, Inc. 00-1001	ME - ME7229 Closed IR	Strain or Injury By: Reaching Specific Injury: Strain Trunk: Low Back Area (Lumbar Area)	08/01/02 08/05/02 08/22/02	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
4462	Veilleux, Steve Central Maine Drywall 00-1001	ME - ME8810 Closed IR	Strain or Injury By: Repetitive Motion Specific Injury: Strain Upper Extremities: Wrist	09/09/02 09/16/02 09/18/02	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
4487	Kelley, Carolle Truckers International, Inc. 00-1001	ME - ME8810 Closed IR	Strain or Injury By: Lifting Specific Injury: Strain Trunk: Low Back Area (Lumbar Area)	07/29/02 07/29/02 11/07/02	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
45011	Mciver, Steven Crystal Spring Water 00-1001	ME - ME8810 Closed IR	Cut, Puncture, Scrape: NOC Specific Injury: Laceration Upper Extremities: Finger(s)	08/26/02 08/26/02 10/01/02	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
45448	Whitten, Peter Alternative Labor Resources 00-1001	ME - ME8810 Closed IR	Motor Vehicle: NOC Specific Injury: Contusion - bruise Trunk: Abdomen including Groin	10/31/02 11/01/02 11/07/02	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
05742	Salisbury, Carroll Turkey Brothers, Inc. 00-1001	ME - ME8810 Closed IR	Caught In, Under, or Between: Specific Injury: Strain Upper Extremities: Wrist	12/02/02 12/04/02 12/06/02	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
05747	Lapierre, Gerard Misty Moon Transport, Inc. 00-1001	ME - ME8810 Closed IR	Strain or Injury By: Lifting Specific Injury: Strain Trunk: Low Back Area (Lumbar Area)	11/29/02 12/05/02 12/19/02	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00

inia Surety Company, Inc. / Applied Underwriters
 ne of Client: Combined Management Inc
 cy Number: 015-00010554
 cy Period: 03/29/02 - 03/29/03
 e: 3



Date Prepared: 01/23/06
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Case: 8:07-cv-00206-LSC-T

Document #: 5-2

Date Filed: 5/12/2007

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IR = Incident Report, MO = Medical Only, LT = Lost Time

Claim Number	Claimant Name Location Name Account #	State - NCCI Status Loss Type	Accident Description Nature of Injury Part of Body	Date of Injury Date Reported Date Closed	Expense Type	Incurred	Paid-to-Date	Outstanding
6111	Morin, Shawn Alternative Labor Resources 00-1001	ME - ME8044 Closed IR	Strain or Injury By: Pushing or Specific Injury: Strain Upper Extremities: Lower Arm	10/09/02 01/14/03 01/15/03	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
6114	Abrams, David Alternative Labor Resources 00-1001	ME - ME9061 Closed IR	Fall, Slip or Trip Injury: From Liquid Specific Injury: Contusion - bruise Upper Extremities: Elbow	01/13/03 01/14/03 01/15/03	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
6619	Langley, Glenn Survey Works, Inc. 00-1001	ME - ME8601 Closed IR	Fall, Slip or Trip Injury: On Ice or Specific Injury: Strain Lower Extremities: Lower Leg	02/21/03 02/24/03 03/24/03	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
6748	Smith, Steve Crystal Spring Water 00-1001	ME - ME8810 Closed IR	Fall, Slip or Trip Injury: On Ice or Specific Injury: Strain Trunk: Low Back Area (Lumbar Area)	03/07/03 03/10/03 04/07/03	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
6750	Pellegrin, Daniel Crystal Spring Water 00-1001	ME - ME2158 Closed IR	Strain or Injury By: Twisting Specific Injury: Strain Trunk: Multiple Trunk	03/04/03 03/10/03 04/03/03	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
11414	Clutkey, Paul Alternative Labor Resources 00-1001	MA - ME8292 Closed IR	Strain or Injury By: Reaching Specific Injury: Sprain Lower Extremities: Ankle	05/07/02 05/20/02 05/23/02	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
12148	Krol, Taylor Alternative Warehouse Services 00-1001	ME - ME8292 Closed MO	Caught In, Under, or Between: NOC Specific Injury: Strain Lower Extremities: Ankle	04/01/02 04/09/02 05/31/02	IND MED EXP TOTAL	0.00 885.64 55.98 941.62	0.00 885.64 55.98 941.62	0.00 0.00 0.00 0.00
12149	Closson, Steve Turkey Brothers, Inc. 00-1001	ME - ME2710 Closed IR	Strain or Injury By: Pushing or Specific Injury: Strain Trunk: Chest	04/04/02 04/09/02 12/31/03	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00



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Policy Number	Claimant Name Location Name Account #	State - NCCI Status Loss Type	Accident Description Nature of Injury Part of Body	Date of Injury Date Reported Date Closed	Expense Type	Incurred	Paid-to-Date	Outstanding
2150	Pelletier, Donald Central Maine Drywall 00-1001	ME - ME5445 Closed IR	Caught In, Under, or Between: NOC Specific Injury: Contusion - bruise Upper Extremities: Upper Arm	04/11/02 04/18/02 05/11/02	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
2151	Savage, Heath All Season Home Improvement 00-1001	ME - ME5606 Closed MO	Fall, Slip or Trip Injury: From Ladder Specific Injury: Contusion - bruise Multiple Body Parts: Multiple Body	04/17/02 04/24/02 05/31/02	IND MED EXP TOTAL	0.00 252.50 36.22 288.72	0.00 252.50 36.22 288.72	0.00 0.00 0.00 0.00
2152	Levesque, Keith Alternative Warehouse Services 00-1001	ME - ME8292 Closed MO	Strain or Injury By: Repetitive Motion Specific Injury: Strain Lower Extremities: Knee	04/25/02 04/30/02 05/31/02	IND MED EXP TOTAL	0.00 0.00 5.40 5.40	0.00 0.00 5.40 5.40	0.00 0.00 0.00 0.00
2153	Underwood, Jeremy Alternative Warehouse Services 00-1001	ME - ME8292 Closed MO	Struck or Injured By - Includes Specific Injury: Foreign Body Head: Eye(s)	04/24/02 04/30/02 05/11/02	IND MED EXP TOTAL	0.00 702.96 17.26 720.22	0.00 702.96 17.26 720.22	0.00 0.00 0.00 0.00
2154	Deschene, Jared All Season Home Improvement 00-1001	ME - ME5606 Closed MO	Caught In, Under, or Between: Specific Injury: Sprain Upper Extremities: Hand	04/25/02 04/30/02 05/30/02	IND MED EXP TOTAL	0.00 492.50 17.50 510.00	0.00 492.50 17.50 510.00	0.00 0.00 0.00 0.00
12155	Horr, Eric Alternative Warehouse Services 00-1001	ME - ME8292 Closed MO	Strain or Injury By: Using Tool or Specific Injury: Sprain Lower Extremities: Ankle	04/13/02 04/30/02 07/31/02	IND MED EXP TOTAL	0.00 336.20 5.40 341.60	0.00 336.20 5.40 341.60	0.00 0.00 0.00 0.00
12156	Villanueva, Rapha Alternative Labor Resources 00-1001	ME - ME8018 Closed MO	Miscellaneous Causes: Foreign Specific Injury: Foreign Body Head: Eye(s)	04/26/02 05/02/02 07/26/02	IND MED EXP TOTAL	0.00 332.42 8.75 341.17	0.00 332.42 8.75 341.17	0.00 0.00 0.00 0.00
12157	Terens, Wayne McKannay's Service Center, Inc. 00-1001	ME - ME8380 Closed MO	Miscellaneous Causes: Foreign Specific Injury: Foreign Body Head: Eye(s)	04/24/02 05/02/02 07/26/02	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00

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2158	Violette, Danny Fritz Tire & Disposal, Inc. 00-1001	ME - ME8380 Closed MO	Miscellaneous Causes: Foreign Specific Injury: Foreign Body Head: Eye(s)	04/29/02 05/06/02 06/06/02	IND MED EXP TOTAL	0.00 470.20 16.65 486.85	0.00 470.20 16.65 486.85	0.00 0.00 0.00 0.00
2159	Puk, Lam Alternative Warehouse Services 00-1001	ME - ME8292 Closed MO	Striking Against or Stepping On: Specific Injury: Concussion Multiple Head Injury	04/30/02 05/06/02 12/31/03	IND MED EXP TOTAL	0.00 318.40 13.37 331.77	0.00 318.40 13.37 331.77	0.00 0.00 0.00 0.00
2160	Tucker, Richard Alternative Labor Resources 00-1001	ME - ME8044 Closed LT	Miscellaneous Causes: Other - Specific Injury: Strain Trunk: Low Back Area (Lumbar Area)	04/18/02 05/13/02 12/27/05	IND MED EXP TOTAL	144,491.15 131,712.92 11,323.62 287,527.69	144,491.15 131,712.92 10,832.32 287,036.39	0.00 0.00 491.30 491.30
12161	Trask, George All Season Home Improvement 00-1001	ME - ME5845 Closed MO	Cut, Puncture, Scrape: NOC Specific Injury: Puncture Upper Extremities: Finger(s)	05/14/02 05/20/02 09/27/02	IND MED EXP TOTAL	0.00 449.00 7.50 456.50	0.00 449.00 7.50 456.50	0.00 0.00 0.00 0.00
12162	Sullivan, Mike Alternative Labor Resources 00-1001	ME - ME8044 Closed MO	Strain or Injury By: Repetitive Motion Specific Injury: Strain Upper Extremities: Wrist	05/12/02 05/20/02 06/21/02	IND MED EXP TOTAL	0.00 763.18 33.70 796.88	0.00 763.18 33.70 796.88	0.00 0.00 0.00 0.00
12163	Spofford, Steve Alternative Labor Resources 00-1001	ME - ME8292 Closed MO	Cut, Puncture, Scrape, Injured By: Specific Injury: Puncture Upper Extremities: Finger(s)	05/13/02 05/20/02 11/20/02	IND MED EXP TOTAL	0.00 987.00 37.77 1,024.77	0.00 987.00 37.77 1,024.77	0.00 0.00 0.00 0.00
12164	Thomdike, Thomas Central Maine Drywall 00-1001	ME - ME5445 Closed MO	Strain or Injury By: Lifting Specific Injury: Strain Trunk: Low Back Area (Lumbar Area)	05/14/02 05/20/02 04/26/04	IND MED EXP TOTAL	0.00 202.20 6.25 208.45	0.00 202.20 6.25 208.45	0.00 0.00 0.00 0.00
12165	Carbennau, Sandr Sherman Arnold Appliance 00-1001	ME - ME8810 Closed MO	Strain or Injury By: Repetitive Motion Specific Injury: Strain Multiple Body Parts: Multiple Body	05/21/02 05/24/02 09/28/02	IND MED EXP TOTAL	0.00 1,909.82 79.92 1,989.74	0.00 1,909.82 79.92 1,989.74	0.00 0.00 0.00 0.00



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Line Number	Claimant Name Location Name Account #	State - NCCI Status Loss Type	Accident Description Nature of Injury Part of Body	Date of Injury Date Reported Date Closed	Expense Type	Incurred	Paid-to-Date	Outstanding
2166	Dickey, Kenneth Berube's Exxon 00-1001	ME - ME8380 Closed MO	Strain or Injury By: Lifting Specific Injury: Strain Trunk: Low Back Area (Lumbar Area)	05/21/02 05/30/02 07/25/05	IND MED EXP TOTAL	0.00 2,747.07 161.60 2,908.67	0.00 2,747.07 161.60 2,908.67	0.00 0.00 0.00 0.00
2167	Gorman, Mike Truckers International, Inc. 00-1001	ME - ME9079 Closed MO	Cut, Puncture, Scrape, Injured By: Specific Injury: Puncture Upper Extremities: Finger(s)	05/24/02 05/30/02 07/31/02	IND MED EXP TOTAL	0.00 535.00 7.50 542.50	0.00 535.00 7.50 542.50	0.00 0.00 0.00 0.00
2168	Wallace, Dewain Alternative Labor Resources 00-1001	ME - ME8810 Closed MO	Strain or Injury By: Pushing or Specific Injury: Strain Trunk: Low Back Area (Lumbar Area)	05/22/02 06/03/02 07/31/02	IND MED EXP TOTAL	0.00 566.75 31.22 697.97	0.00 566.75 31.22 697.97	0.00 0.00 0.00 0.00
2169	Chapman, Jason Alternative Warehouse Services 00-1001	ME - ME8292 Closed MO	Strain or Injury By: Lifting Specific Injury: Strain Upper Extremities: Elbow	05/28/02 08/05/02 07/16/02	IND MED EXP TOTAL	0.00 248.84 21.40 270.34	0.00 248.84 21.40 270.34	0.00 0.00 0.00 0.00
12170	Dixon, Aaron Truckers International, Inc. 00-1001	ME - ME9079 Closed MO	Cut, Puncture, Scrape, Injured By: Specific Injury: Puncture Upper Extremities: Finger(s)	06/02/02 06/06/02 06/14/02	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
12171	Jones, Anthony Alternative Labor Resources 00-1001	ME - ME9061 Closed MO	Struck or Injured By - Includes Specific Injury: Contusion - bruise Multiple Head Injury	06/02/02 06/06/02 07/31/02	IND MED EXP TOTAL	0.00 155.80 6.25 162.05	0.00 155.80 6.25 162.05	0.00 0.00 0.00 0.00
12172	Caron, Paul Alternative Warehouse Services 00-1001	ME - ME8292 Closed MO	Strain or Injury By: Lifting Specific Injury: Strain Trunk: Low Back Area (Lumbar Area)	05/24/02 06/07/02 07/24/02	IND MED EXP TOTAL	0.00 1,385.40 63.75 1,449.15	0.00 1,385.40 63.75 1,449.15	0.00 0.00 0.00 0.00
12173	Woodworth, Donald Alternative Labor Resources 00-1001	ME - ME8044 Closed LT	Cut, Puncture, Scrape: NOC Specific Injury: Puncture Lower Extremities: Foot	06/06/02 06/13/02 05/16/05	IND MED EXP TOTAL	3,186.86 2,056.03 70.87 5,313.76	3,186.86 2,056.03 70.87 5,313.76	0.00 0.00 0.00 0.00



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Policy Number	Client Name Location Name Account #	State - NCCI Status Loss Type	Accident Description Nature of Injury Part of Body	Date of Injury Date Reported Date Closed	Expense Type	Incurred	Paid-to-Date	Outstanding
2174	Collins, Casey Alternative Labor Resources 00-1001	ME - ME8292 Closed MO	Cut, Puncture, Scrape, Injured By: Specific Injury: Laceration Upper Extremities: Hand	05/07/02 06/13/02 12/25/02	IND MED EXP TOTAL	0.00 355.75 0.00 355.75	0.00 355.75 0.00 355.75	0.00 0.00 0.00 0.00
2175	Osbourne, Michael Alternative Warehouse Services 00-1001	ME - ME8292 Closed MO	Miscellaneous Causes: Other - Specific Injury: All Other Specific Trunk: Abdomen Including Groin	06/13/02 06/19/02 08/17/02	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
2176	Sullivan, Mike Alternative Labor Resources 00-1001	ME - ME8044 Closed MO	Strain or Injury By: Lifting Specific Injury: Strain Trunk: Upper Back Area (Thoracic	06/18/02 06/19/02 12/01/04	IND MED EXP TOTAL	0.00 728.16 33.75 761.91	0.00 728.16 33.75 761.91	0.00 0.00 0.00 0.00
2177	Grose, Duane Berube's Exxon 00-1001	ME - ME7228 Closed MO	Motor Vehicle: Vehicle Upset - Specific Injury: All Other Specific Multiple Body Parts: Multiple Body	06/15/02 06/19/02 07/24/02	IND MED EXP TOTAL	0.00 1,362.60 25.00 1,387.60	0.00 1,362.60 25.00 1,387.60	0.00 0.00 0.00 0.00
12178	Bolduc, Nick Governor's dba La'Reve Des Ma 00-1001	ME - ME9079 Closed MO	Fall, Slip or Trip Injury: From Liquid Specific Injury: Sprain Trunk: Low Back Area (Lumbar Area	06/18/02 06/24/02 09/06/02	IND MED EXP TOTAL	0.00 0.00 45.00 45.00	0.00 0.00 45.00 45.00	0.00 0.00 0.00 0.00
12179	McLaughlin, Christopher Alternative Labor Resources 00-1001	ME - ME8282 Closed MO	Cut, Puncture, Scrape, Injured By: Specific Injury: Puncture Upper Extremities: Upper Arm	06/09/02 06/28/02 01/11/03	IND MED EXP TOTAL	0.00 635.00 0.00 635.00	0.00 635.00 0.00 635.00	0.00 0.00 0.00 0.00
12180	Lydick, Jonathan Alternative Warehouse Services 00-1001	ME - ME8292 Closed MO	Struck or Injured By - Includes Specific Injury: Contusion - bruise Lower Extremities: Foot	06/20/02 06/29/02 09/27/02	IND MED EXP TOTAL	0.00 685.90 17.50 703.40	0.00 685.90 17.50 703.40	0.00 0.00 0.00 0.00
12181	Caron, Brandon Alternative Warehouse Services 00-1001	ME - ME8292 Closed MO	Strain or Injury By: Lifting Specific Injury: Strain Upper Extremities: Shoulder(s)	06/20/02 08/28/02 09/27/02	IND MED EXP TOTAL	0.00 155.80 6.25 162.05	0.00 155.80 6.25 162.05	0.00 0.00 0.00 0.00



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Claimant Name Location Name Account #	State - NCCI Status Loss Type	Accident Description Nature of Injury Part of Body	Date of Injury Date Reported Date Closed	Expense Type	Incurred	Paid-to-Date	Outstanding
2182 Murphy, Jeff Alternative Warehouse Services 00-1001	ME - ME8292 Closed MO	Caught In, Under, or Between: Specific Injury: Puncture Lower Extremities: Foot	06/27/02 07/02/02 09/27/02	IND MED EXP TOTAL	0.00 285.40 16.25 301.65	0.00 285.40 16.25 301.65	0.00 0.00 0.00 0.00
2183 Albair, Bruce Turkey Brothers, Inc. 00-1001	ME - ME2710 Closed MO	Miscellaneous Causes: Foreign Specific Injury: Laceration Head: Eye(s)	06/24/02 07/03/02 11/15/02	IND MED EXP TOTAL	0.00 392.05 7.50 399.55	0.00 392.05 7.50 399.55	0.00 0.00 0.00 0.00
2184 Wakefield, Craig Alternative Labor Resources 00-1001	ME - ME8292 Closed MO	Strain or Injury By: Lifting Specific Injury: Strain Trunk: Low Back Area (Lumbar Area)	06/28/02 07/05/02 09/28/02	IND MED EXP TOTAL	0.00 626.03 32.50 658.53	0.00 626.03 32.50 658.53	0.00 0.00 0.00 0.00
12185 Marlin, Rick Alternative Warehouse Services 00-1001	ME - ME8292 Closed LT	Miscellaneous Causes: Other - Specific Injury: All Other Specific Upper Extremities: Upper Arm	06/15/02 07/05/02 05/23/05	IND MED EXP TOTAL	938.13 337.30 13.75 1,289.18	938.13 337.30 13.75 1,289.18	0.00 0.00 0.00 0.00
12186 McCormick, Chris Alternative Labor Resources 00-1001	ME - ME8292 Closed MO	Struck or Injured By - Includes Specific Injury: Contusion - bruise Lower Extremities: Knee	07/05/02 07/11/02 09/30/02	IND MED EXP TOTAL	0.00 1,648.54 101.45 1,749.99	0.00 1,648.54 101.45 1,749.99	0.00 0.00 0.00 0.00
12187 Grant, Justin Governor's dba LeReve Des Ma 00-1001	ME - ME9079 Closed MO	Strain or Injury By: Jumping Specific Injury: Contusion - bruise Upper Extremities: Upper Arm	07/06/02 07/11/02 09/27/02	IND MED EXP TOTAL	0.00 144.60 12.50 157.10	0.00 144.60 12.50 157.10	0.00 0.00 0.00 0.00
12188 Moody, Scott Fritz Tire & Disposal, Inc. 00-1001	ME - ME8380 Closed MO	Struck or Injured By - Includes Specific Injury: Sprain Lower Extremities: Ankle	07/10/02 07/11/02 09/27/02	IND MED EXP TOTAL	0.00 232.41 10.00 242.41	0.00 232.41 10.00 242.41	0.00 0.00 0.00 0.00
12189 Cobb, Marc Cobb's, Inc. 00-1001	ME - ME8360 Closed IR	Strain or Injury By: Reaching Specific Injury: Sprain Lower Extremities: Ankle	07/10/02 07/16/02 07/24/02	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00



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Policy Number	Claimant Name Location Name Account #	State - NCCI Status Loss Type	Accident Description Nature of Injury Part of Body	Date of Injury Date Reported Date Closed	Expense Type	Incurred	Paid-to-Date	Outstanding
2190	Pelletier, Joe Alternative Warehouse Services 00-1001	ME - ME8292 Closed MO	Strain or Injury By: Lifting Specific Injury: Strain Trunk: Low Back Area (Lumbar Area)	07/10/02 07/16/02 09/30/02	IND MED EXP TOTAL	0.00 245.80 11.25 257.05	0.00 245.80 11.25 257.05	0.00 0.00 0.00 0.00
2191	Bilodeau, Tammy Kaplan Home Improvement 00-1001	ME - ME8810 Closed MO	Strain or Injury By: Repetitive Motion Specific Injury: Strain Multiple Body Parts: Multiple Body	07/16/02 07/19/02 08/18/02	IND MED EXP TOTAL	0.00 587.80 25.00 612.80	0.00 587.80 25.00 612.80	0.00 0.00 0.00 0.00
2192	Lalonde, Michael Lewis & Wastina, Inc. 00-1001	ME - ME8601 Closed MO	Struck or Injured By - Includes Specific Injury: Puncture Lower Extremities: Upper Leg	07/16/02 07/24/02 09/27/02	IND MED EXP TOTAL	0.00 151.00 8.75 159.75	0.00 151.00 8.75 159.75	0.00 0.00 0.00 0.00
2193	Berke, Jason Alternative Labor Resources 00-1001	ME - ME8292 Closed MO	Cut, Puncture, Scrape, Injured By: Specific Injury: Puncture Upper Extremities: Thumb	07/25/02 07/26/02 11/07/02	IND MED EXP TOTAL	0.00 571.24 16.25 587.49	0.00 571.24 16.25 587.49	0.00 0.00 0.00 0.00
2194	Salsbury, Carroll Turkey Brothers, Inc. 00-1001	ME - ME2710 Closed MO	Fall, Slip or Trip Injury: On Same Specific Injury: Strain Lower Extremities: Knee	07/15/02 07/26/02 05/16/05	IND MED EXP TOTAL	0.00 1,644.91 2,620.96 4,265.87	0.00 1,644.91 2,620.96 4,265.87	0.00 0.00 0.00 0.00
12195	Knight, Benjamin Alstata Contract Cleaners 00-1001	ME - ME9014 Closed MO	Cut, Puncture, Scrape, Injured By: Specific Injury: Puncture Upper Extremities: Finger(s)	07/24/02 07/30/02 03/14/03	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
12196	Drew, George Alternative Labor Resources 00-1001	ME - ME8292 Closed MO	Struck or Injured By - Includes Specific Injury: Fracture Lower Extremities: Foot	07/30/02 07/31/02 11/21/02	IND MED EXP TOTAL	0.00 701.03 26.55 727.58	0.00 701.03 26.55 727.58	0.00 0.00 0.00 0.00
12197	Cutbron, Jason Survey Works, Inc. 00-1001	ME - ME8601 Closed MO	Strain or Injury By: Reaching Specific Injury: Strain Lower Extremities: Ankle	07/27/02 07/31/02 12/25/02	IND MED EXP TOTAL	0.00 270.27 0.00 270.27	0.00 270.27 0.00 270.27	0.00 0.00 0.00 0.00



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TI Number	Claimant Name Location Name Account #	State - NCCI Status Loss Type	Accident Description Nature of Injury Part of Body	Date of Injury Date Reported Date Closed	Expense Type	Incurred	Paid-to-Date	Outstanding
2188	Puk, Lam Alternative Warehouse Services 00-1001	ME - ME8292 Closed MO	Miscellaneous Causes: Other - Specific Injury: Strain Lower Extremities: Knee	07/27/02 08/02/02 10/16/02	IND MED EXP TOTAL	0.00 172.40 25.35 197.75	0.00 172.40 25.35 197.75	0.00 0.00 0.00 0.00
2199	Kimball, John RW Herrick 00-1001	ME - ME8403 Closed MO	Fall, Slip or Trip Injury: On Same Specific Injury: Puncture Lower Extremities: Upper Leg	08/02/02 08/06/02 09/30/02	IND MED EXP TOTAL	0.00 1,586.80 31.00 1,617.80	0.00 1,586.80 31.00 1,617.80	0.00 0.00 0.00 0.00
2201	Webster, Charle A Right Choice Auto Repair 00-1001	ME - ME8380 Closed MO	Miscellaneous Causes: Other - Specific Injury: Burn Head: Ear(s)	07/29/02 08/06/02 09/27/02	IND MED EXP TOTAL	0.00 162.40 6.25 168.65	0.00 162.40 6.25 168.65	0.00 0.00 0.00 0.00
12202	Beardsley, Heath Alternative Labor Resources 00-1001	ME - ME8292 Closed MO	Strain or Injury By: Lifting Specific Injury: Strain Trunk: Upper Back Area (Thoracic	08/07/02 08/09/02 08/27/02	IND MED EXP TOTAL	0.00 112.00 28.35 140.35	0.00 112.00 28.35 140.35	0.00 0.00 0.00 0.00
12204	Melson, Chris Alternative Warehouse Services 00-1001	ME - ME8292 Closed MO	Striking Against or Slapping On: Specific Injury: Contusion - bruise Lower Extremities: Knee	08/01/02 08/12/02 09/27/02	IND MED EXP TOTAL	0.00 584.90 23.75 608.65	0.00 584.90 23.75 608.65	0.00 0.00 0.00 0.00
12205	Mcconnick, Chris Alternative Labor Resources 00-1001	ME - ME8292 Closed MO	Striking Against or Slapping On: Specific Injury: All Other Specific Lower Extremities: Foot	07/31/02 08/12/02 11/15/02	IND MED EXP TOTAL	0.00 226.04 26.25 254.29	0.00 226.04 26.25 254.29	0.00 0.00 0.00 0.00
12206	Powers, Bonnie Central Maine Drywall 00-1001	ME - ME8810 Closed MO	Strain or Injury By: Repulsive Motion Specific Injury: Strain Upper Extremities: Elbow	08/01/02 08/14/02 03/28/03	IND MED EXP TOTAL	0.00 1,526.96 80.00 1,606.96	0.00 1,526.96 80.00 1,606.96	0.00 0.00 0.00 0.00
12207	James, William Central Maine Drywall 00-1001	ME - ME5445 Closed LT	Strain or Injury By: Lifting Specific Injury: Hernia Trunk: Chest	08/09/02 08/14/02 10/31/02	IND MED EXP TOTAL	1,145.28 2,188.55 32.50 3,366.33	1,145.28 2,188.55 32.50 3,366.33	0.00 0.00 0.00 0.00



Data Prepared: 01/23/06
Valuation Date: 12/31/05

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 ie of Client: Combined Management Inc
 y Number: 015-00010554
 y Period: 03/29/02 - 03/29/03
 e: 11

n Number	Claimant Name Location Name Account #	State - NCCI Status Loss Type	Accident Description Nature of Injury Part of Body	Date of Injury Date Reported Date Closed	Expense Type	Incurred	Paid-to-Date	Outstanding
2208	Pierce, Peter Alternative Labor Resources 00-1001	ME - ME8292 Closed MO	Strain or Injury By: Lifting Specific Injury: Strain Upper Extremities: Upper Arm	07/09/02 08/15/02 10/09/02	IND MED EXP TOTAL	0.00 0.00 26.25 26.25	0.00 0.00 26.25 26.25	0.00 0.00 0.00 0.00
2209	Perr, Gerald All Season Home Improvement 00-1001	ME - ME5645 Closed MO	Fall, Slip or Trip Injury: From Specific Injury: Strain Multiple Body Parts: Insufficient Info	08/12/02 08/14/02 11/21/02	IND MED EXP TOTAL	0.00 776.85 23.80 800.65	0.00 776.85 23.80 800.65	0.00 0.00 0.00 0.00
2210	Green, Josh Alternative Warehouse Services 00-1001	ME - ME8282 Closed LT	Miscellaneous Causes: Other - Specific Injury: All Other Specific Multiple Body Parts: Multiple Body	08/14/02 08/20/02 05/10/05	IND MED EXP TOTAL	1,194.57 3,054.44 247.50 4,496.51	1,194.57 3,054.44 247.50 4,496.51	0.00 0.00 0.00 0.00
2211	Busque, Simon Investment Recovery 00-1001	ME - ME7231 Closed MO	Miscellaneous Causes: Foreign Specific Injury: Foreign Body Head: Eye(s)	08/20/02 08/22/02 12/25/02	IND MED EXP TOTAL	0.00 372.80 7.50 380.30	0.00 372.80 7.50 380.30	0.00 0.00 0.00 0.00
2213	Weymouth, Michael Alternative Warehouse Services 00-1001	ME - ME8292 Closed MO	Strain or Injury By: Repetitive Motion Specific Injury: Strain Upper Extremities: Wrist	08/19/02 08/27/02 11/07/02	IND MED EXP TOTAL	0.00 1,800.29 61.26 1,861.55	0.00 1,800.29 61.26 1,861.55	0.00 0.00 0.00 0.00
2214	Veilleux, Steve Central Maine Drywall 00-1001	ME - ME5445 Closed MO	Miscellaneous Causes: Foreign Specific Injury: Foreign Body Multiple Body Parts: Multiple Body	08/23/02 08/29/02 11/21/02	IND MED EXP TOTAL	0.00 84.00 0.00 84.00	0.00 84.00 0.00 84.00	0.00 0.00 0.00 0.00
12215	Dyar, Perry McPherson Timberland, Inc. 00-1001	ME - ME5507 Closed MO	Cut, Puncture, Scrape, Injured By: Specific Injury: Puncture Upper Extremities: Finger(s)	08/26/02 08/30/02 12/07/02	IND MED EXP TOTAL	0.00 510.91 8.90 519.81	0.00 510.91 8.90 519.81	0.00 0.00 0.00 0.00
12216	Wentworth, Nick Alternative Labor Resources 00-1001	ME - ME8044 Closed MO	Strain or Injury By: Lifting Specific Injury: Strain Multiple Body Parts: Multiple Body	08/29/02 09/05/02 06/08/04	IND MED EXP TOTAL	0.00 559.79 19.40 579.19	0.00 559.79 19.40 579.19	0.00 0.00 0.00 0.00



inla Surety Company, Inc. / Applied Underwriters
 re of Client: Combined Management Inc
 zy Number: 015-00010554
 zy Period: 03/29/02 - 03/29/03
 B: 12

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 Valuation Date: 12/31/05

IR = Incident Report, MO = Medical Only, LT = Lost Time

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in Number	Claimant Name Location Name Account #	State - NCCI Status Loss Type	Accident Description Nature of Injury Part of Body	Date of Injury Date Reported Date Closed	Expense Type	Incurred	Paid-to-Date	Outstanding
2217	Duba, Diane Sherman Arnold Appliance 00-1001	ME - ME8017 Closed MO	Struck or Injured By - Includes Specific Injury: Contusion - bruise Trunk: Chest	08/28/02 09/06/02 11/15/02	IND MED EXP TOTAL	0.00 363.40 13.75 377.15	0.00 363.40 13.75 377.15	0.00 0.00 0.00 0.00
2218	Memario, Jason Alternative Warehouse Services 00-1001	ME - ME8292 Closed MO	Strain or Injury By: Lifting Specific Injury: Strain Trunk: Low Back Area (Lumbar Area)	09/01/02 09/12/02 10/31/02	IND MED EXP TOTAL	0.00 427.30 21.25 448.55	0.00 427.30 21.25 448.55	0.00 0.00 0.00 0.00
2219	Greene, Linda Investment Recovery 00-1001	ME - ME9014 Closed MO	Fall, Slip or Trip Injury: On Same Specific Injury: Puncture Lower Extremities: Knee	09/05/02 09/13/02 12/28/02	IND MED EXP TOTAL	0.00 102.00 3.15 105.15	0.00 102.00 3.15 105.15	0.00 0.00 0.00 0.00
2220	Davis, David RW Herrick 00-1001	ME - ME9403 Closed MO	Struck or Injured By - Includes Specific Injury: Contusion - bruise Lower Extremities: Lower Leg	09/10/02 09/13/02 11/15/02	IND MED EXP TOTAL	0.00 309.45 11.25 320.70	0.00 309.45 11.25 320.70	0.00 0.00 0.00 0.00
12221	Ringuette, Paul Alternative Labor Resources 00-1001	ME - ME8292 Closed MO	Cut, Puncture, Scrape: NOC Specific Injury: Puncture Lower Extremities: Foot	09/10/02 09/13/02 11/27/02	IND MED EXP TOTAL	0.00 599.01 17.95 616.96	0.00 599.01 17.95 616.96	0.00 0.00 0.00 0.00
12222	Kyes, Nate Alternative Warehouse Services 00-1001	ME - ME8292 Closed MO	Strain or Injury By: Lifting Specific Injury: Strain Trunk: Low Back Area (Lumbar Area)	09/10/02 09/13/02 11/15/02	IND MED EXP TOTAL	0.00 714.28 32.50 746.78	0.00 714.28 32.50 746.78	0.00 0.00 0.00 0.00
12223	Sullivan, Steve Alternative Labor Resources 00-1001	ME - ME8292 Closed MO	Miscellaneous Causes: Foreign Specific Injury: Foreign Body Head: Eye(s)	09/09/02 09/19/02 01/11/03	IND MED EXP TOTAL	0.00 802.59 18.75 821.34	0.00 802.59 18.75 821.34	0.00 0.00 0.00 0.00
12226	Whitten, Randall Fritz Tire & Disposal, Inc. 00-1001	ME - ME8380 Closed MO	Striking Against or Stepping On: Specific Injury: Strain Upper Extremities: Wrist	09/19/02 09/23/02 06/05/04	IND MED EXP TOTAL	0.00 469.60 17.75 487.35	0.00 469.60 17.75 487.35	0.00 0.00 0.00 0.00



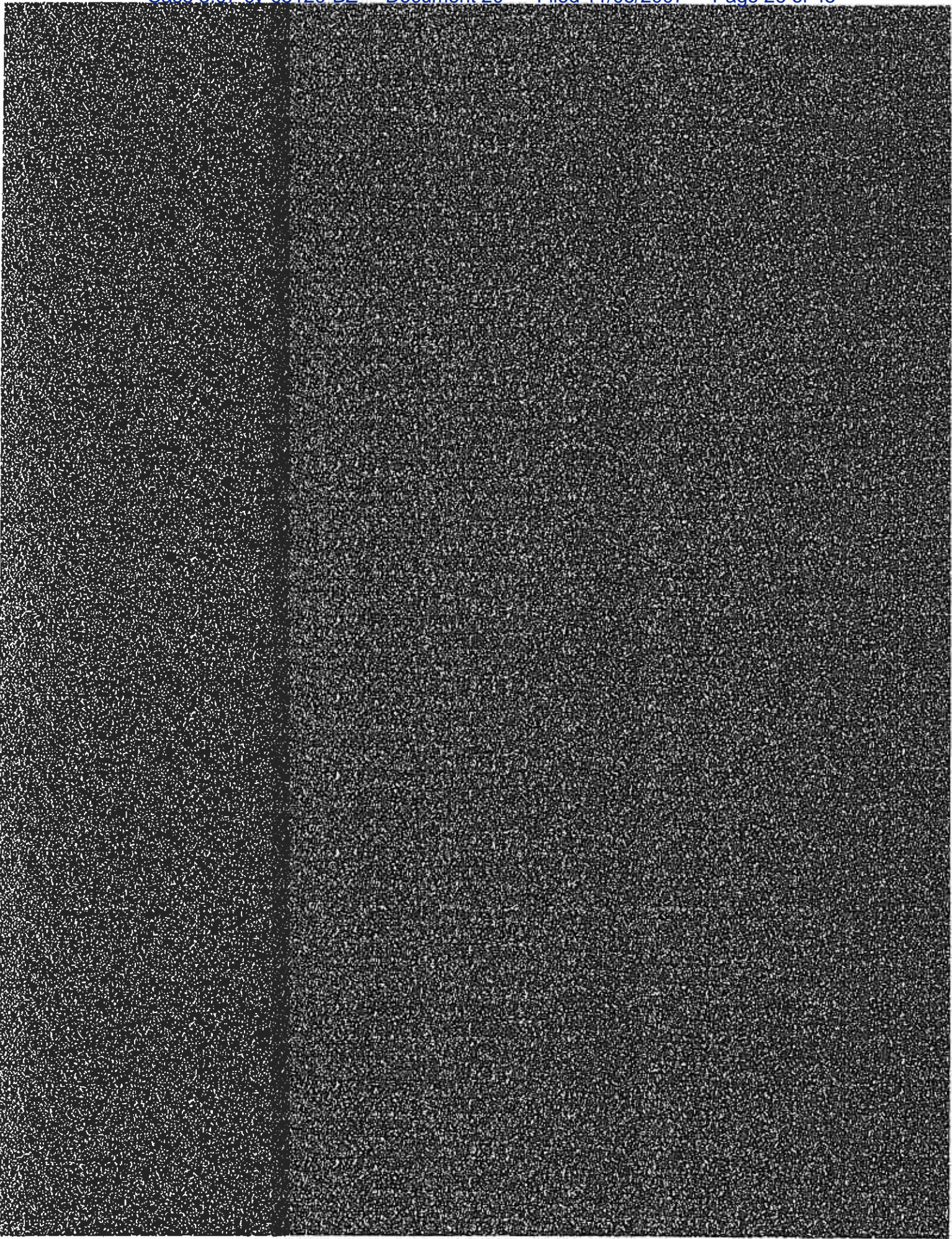
Date Prepared: 01/23/06
Valuation Date: 12/31/05

IR = Incident Report, MO = Medical Only, LT = Lost Time

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nia Surety Company, Inc. / Applied Underwriters
ie of Client: Combined Management Inc
y Number: 015-00010554
y Period: 03/29/02 - 03/29/03
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n Number	Claimant Name Location Name Account #	State - NCCI Status Loss Type	Accident Description Nature of Injury Part of Body	Date of Injury Date Reported Date Closed	Expense Type	Incurred	Paid-to-Date	Outstanding
2227	Podler, James Glass & Mirror Service, Inc. 00-1001	ME - ME5462 Closed LT	Strain or Injury By: Lifting Specific Injury: Strain Trunk: Low Back Area (Lumbar Area)	09/10/02 09/25/02 05/10/05	IND MED EXP TOTAL	248.38 2,835.73 266.25 3,350.36	248.38 2,835.73 266.25 3,350.36	0.00 0.00 0.00 0.00
2228	Marston, Anthony Alternative Labor Resources 00-1001	ME - ME8292 Closed MO	Strain or Injury By: Pushing or Specific Injury: Strain Upper Extremities: Wrist	09/26/02 10/03/02 11/21/02	IND MED EXP TOTAL	0.00 793.70 13.75 807.45	0.00 793.70 13.75 807.45	0.00 0.00 0.00 0.00
2229	Stamp, Christophe Alternative Warehouse Services 00-1001	ME - ME8292 Closed MO	Strain or Injury By: Lifting Specific Injury: Strain Upper Extremities: Shoulder(s)	09/22/02 10/03/02 11/15/02	IND MED EXP TOTAL	0.00 103.50 6.25 109.75	0.00 103.50 6.25 109.75	0.00 0.00 0.00 0.00
2230	Reilly, Luke Alternative Warehouse Services 00-1001	ME - ME8292 Closed MO	Struck or Injured By - Includes Specific Injury: Contusion - bruise Lower Extremities: Foot	09/29/02 10/07/02 11/21/02	IND MED EXP TOTAL	0.00 484.58 12.70 497.28	0.00 484.58 12.70 497.28	0.00 0.00 0.00 0.00
2233	McKenney, Davis C&J Transport, Inc. 00-1001	ME - ME7228 Closed MO	Miscellaneous Causes: Other - Specific Injury: Burn Head: Facial bones	08/28/02 10/09/02 10/30/02	IND MED EXP TOTAL	0.00 107.55 2.30 109.85	0.00 107.55 2.30 109.85	0.00 0.00 0.00 0.00
12234	Kaene, Mark Investment Recovery 00-1001	ME - ME8742 Closed MO	Fall, Slip or Trip Injury: Slipped, Dld Specific Injury: Strain Lower Extremities: Ankle	08/30/02 10/09/02 11/15/02	IND MED EXP TOTAL	0.00 290.80 17.50 308.30	0.00 290.80 17.50 308.30	0.00 0.00 0.00 0.00
12236	Linehan, Kevin Alternative Labor Resources 00-1001	ME - ME8018 Closed LT	Strain or Injury By: Reaching Specific Injury: Strain Trunk: Low Back Area (Lumbar Area)	10/05/02 10/15/02 11/20/02	IND MED EXP TOTAL	143.42 2,012.13 107.52 2,263.07	143.42 2,012.13 107.52 2,263.07	0.00 0.00 0.00 0.00
12237	Roger, Joseph Jokas Discount Beverage 00-1001	ME - ME8017 Closed MO	Strain or Injury By: Lifting Specific Injury: Strain Upper Extremities: Shoulder(s)	10/08/02 10/15/02 11/28/02	IND MED EXP TOTAL	0.00 332.40 5.00 337.40	0.00 332.40 5.00 337.40	0.00 0.00 0.00 0.00





Date Prepared: 01/23/06
Valuation Date: 12/31/05

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inia Surety Company, Inc. / Applied Underwriters
ie of Client: Combined Management Inc
y Number: 015-00010554
y Period: 03/29/02 - 03/29/03
e: 15

n Number	Claimant Name Location Name Account #	State - NCCI Status Loss Type	Accident Description Nature of Injury Part of Body	Date of Injury Date Reported Data Closed	Expense Type	Incurred	Paid-to-Date	Outstanding
2249	Lesesard, Robert Alternative Labor Resources 00-1001	ME - ME8018 Closed MO	Struck or Injured By - Includes Specific Injury: Laceration Lower Extremities: Upper Leg	10/30/02 11/06/02 03/22/03	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
2252	Stanton, Peter Truckers International, Inc. 00-1001	ME - ME9061 Closed MO	Cut, Puncture, Scrape, Injured By: Specific Injury: Puncture Upper Extremities: Finger(s)	11/06/02 11/13/02 03/22/03	IND MED EXP TOTAL	0.00 119.55 6.60 126.15	0.00 119.55 6.60 126.15	0.00 0.00 0.00 0.00
2254	McCreedy, Alan Alternative Warehouse Services 00-1001	ME - ME2388 Closed MO	Strain or Injury By: Lifting Specific Injury: Strain Neck: Multiple Neck Injury	10/28/02 11/19/02 12/22/04	IND MED EXP TOTAL	0.00 502.01 18.75 520.76	0.00 502.01 18.75 520.76	0.00 0.00 0.00 0.00
2256	Parker, Paul Governor's dba Le'Reve Des Ma 00-1001	ME - ME9061 Closed MO	Cut, Puncture, Scrape, Injured By: Specific Injury: Puncture Upper Extremities: Finger(s)	11/15/02 12/02/02 12/31/02	IND MED EXP TOTAL	0.00 198.00 0.00 198.00	0.00 198.00 0.00 198.00	0.00 0.00 0.00 0.00
12257	Stone, Todd Alternative Warehouse Services 00-1001	ME - ME8018 Closed MO	Strain or Injury By: Lifting Specific Injury: Strain Upper Extremities: Wrist	11/19/02 12/02/02 02/22/03	IND MED EXP TOTAL	0.00 455.80 22.50 478.30	0.00 455.80 22.50 478.30	0.00 0.00 0.00 0.00
12258	Emerson, Ray Alternative Labor Resources 00-1001	ME - ME9015 Closed MO	Strain or Injury By: Pushing or Specific Injury: Strain Trunk: Low Back Area (Lumbar Area	11/22/02 12/02/02 03/30/04	IND MED EXP TOTAL	0.00 685.93 32.50 718.43	0.00 685.93 32.50 718.43	0.00 0.00 0.00 0.00
12259	Wentworth, Nick Alternative Labor Resources 00-1001	ME - ME5445 Closed MO	Cut, Puncture, Scrape, Injured By: Specific Injury: Puncture Upper Extremities: Finger(s)	11/30/02 12/10/02 01/16/03	IND MED EXP TOTAL	0.00 512.99 7.50 520.49	0.00 512.99 7.50 520.49	0.00 0.00 0.00 0.00
12260	Haslings, Ken Alternative Warehouse Services 00-1001	ME - ME8018 Closed MO	Miscellaneous Causes: Other - Specific Injury: Strain Upper Extremities: Hand	11/23/02 12/10/02 12/25/02	IND MED EXP TOTAL	0.00 226.60 0.00 226.60	0.00 226.60 0.00 226.60	0.00 0.00 0.00 0.00



inia Surety Company, Inc. / Applied Underwriters
 re of Client: Combined Management Inc
 cy Number: 015-00010554
 cy Period: 03/29/02 - 03/29/03
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Line Number	Claimant Name Location Name Account #	State - NCCI Status Loss Type	Accident Description Nature of Injury Part of Body	Date of Injury Date Reported Date Closed	Expense Type	Incurred	Paid-to-Date	Outstanding
2261	Michaud, Johnny Crystal Spring Water 00-1001	ME - ME2156 Closed MO	Strain or Injury By: Lifting Specific Injury: Strain Trunk: Low Back Area (Lumbar Area)	12/04/02 12/10/02 12/28/02	IND MED EXP TOTAL	0.00 567.60 0.00 567.60	0.00 567.60 0.00 567.60	0.00 0.00 0.00 0.00
2262	Radfern, Bryan Alternative Labor Resources 00-1001	ME - ME5445 Closed MO	Strain or Injury By: Using Tool or Specific Injury: Sprain Upper Extremities: Wrist	12/04/02 12/10/02 03/01/04	IND MED EXP TOTAL	0.00 1,316.44 26.46 1,342.90	0.00 1,316.44 26.46 1,342.90	0.00 0.00 0.00 0.00
2263	Nouchanthavong, T Alternative Warehouse Services 00-1001	ME - ME8018 Closed MO	Struck or Injured By - Includes Specific Injury: Contusion - bruise Lower Extremities: Foot	11/20/02 12/10/02 12/21/02	IND MED EXP TOTAL	0.00 208.60 0.00 208.60	0.00 208.60 0.00 208.60	0.00 0.00 0.00 0.00
2264	Deschaine, Philip Coachworks, Inc 00-1001	ME - ME8393 Closed MO	Miscellaneous Causes: Foreign Specific Injury: Foreign Body Multiple Body Parts: Multiple Body	11/05/02 12/12/02 02/07/03	IND MED EXP TOTAL	0.00 75.00 0.00 75.00	0.00 75.00 0.00 75.00	0.00 0.00 0.00 0.00
12268	Gilsfelder, Bernard Misty Moon Transport, Inc. 00-1001	ME - ME7229 Closed LT	Motor Vehicle: Collision or Sideswipe Specific Injury: Contusion - bruise Multiple Body Parts: Insufficient Info	12/14/02 12/19/02 04/18/05	IND MED EXP TOTAL	44,763.75 22,334.24 14,003.63 81,101.62	44,763.75 22,334.24 14,003.63 81,101.62	0.00 0.00 0.00 0.00
12269	Martin, Nathan Waterville Elks Lodge 905 00-1001	ME - ME9061 Closed MO	Cut, Puncture, Scrape, Injured By: Specific Injury: Puncture Upper Extremities: Finger(s)	12/12/02 12/19/02 01/10/03	IND MED EXP TOTAL	0.00 92.00 0.00 92.00	0.00 92.00 0.00 92.00	0.00 0.00 0.00 0.00
12271	Clark, William Alternative Warehouse Services 00-1001	ME - ME8018 Closed MO	Miscellaneous Causes: Other - Specific Injury: All Other Specific Trunk: Abdomen including Groin	12/08/02 12/24/02 03/22/03	IND MED EXP TOTAL	0.00 112.00 4.30 116.30	0.00 112.00 4.30 116.30	0.00 0.00 0.00 0.00
12272	Deming, Adam Alternative Warehouse Services 00-1001	ME - ME8018 Closed MO	Miscellaneous Causes: Other - Specific Injury: All Other Specific Lower Extremities: Knee	12/08/02 12/24/02 03/22/03	IND MED EXP TOTAL	0.00 226.60 0.00 226.60	0.00 226.60 0.00 226.60	0.00 0.00 0.00 0.00



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 ie of Client: Combined Management Inc
 y Number: 015-00010554
 y Period: 03/29/02 - 03/29/03
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n Number	Claimant Name Location Name Account #	State - NCCI Status Loss Type	Accident Description Nature of Injury Part of Body	Date of Injury Date Reported Date Closed	Expense Type	Incurred	Paid-to-Date	Outstanding
2273	Voye, Jason Crystal Spring Water 00-1001	ME - ME2003 Closed MO	Strain or Injury By: Lifting Specific Injury: Strain Upper Extremities: Shoulder(s)	12/17/02 12/24/02 03/22/03	IND MED EXP TOTAL	0.00 358.15 5.00 363.15	0.00 358.15 5.00 363.15	0.00 0.00 0.00 0.00
2274	Swanson, Jon Alternative Warehouse Services 00-1001	ME - ME8018 Closed MO	Miscellaneous Causes: Other - Specific Injury: Inflammation Multiple Body Parts: Multiple Body	12/16/02 12/24/02 12/01/04	IND MED EXP TOTAL	0.00 1,149.53 55.00 1,204.53	0.00 1,149.53 55.00 1,204.53	0.00 0.00 0.00 0.00
2275	Brooks, Adam RW Herrick 00-1001	ME - ME9403 Closed MO	Strain or Injury By: Reaching Specific Injury: Strain Lower Extremities: Knee	12/17/02 12/27/02 03/14/03	IND MED EXP TOTAL	0.00 317.97 8.75 326.72	0.00 317.97 8.75 326.72	0.00 0.00 0.00 0.00
2276	Cobb, Nathan Investment Recovery 00-1001	ME - ME9014 Closed MO	Striking Against or Stepping On: Specific Injury: Contusion - bruise Lower Extremities: Knee	12/19/02 12/27/02 03/14/03	IND MED EXP TOTAL	0.00 247.00 12.50 259.50	0.00 247.00 12.50 259.50	0.00 0.00 0.00 0.00
2278	Gilsleider, Sharo Misty Moon Transport, Inc. 00-1001	ME - ME7229 Closed LT	Motor Vehicle: Collision or Sideswipe Specific Injury: Contusion - bruise Trunk Low Back Area (Lumbar Area	12/14/02 01/07/03 04/19/05	IND MED EXP TOTAL	5,000.00 3,609.19 5,003.62 13,612.81	5,000.00 3,609.19 5,003.62 13,612.81	0.00 0.00 0.00 0.00
2280	Pitts, Matt Alternative Warehouse Services 00-1001	ME - ME8018 Closed MO	Caught In, Under, or Between: NOC Specific Injury: Strain Lower Extremities: Ankle	01/01/03 01/08/03 03/25/03	IND MED EXP TOTAL	0.00 162.40 12.50 174.90	0.00 162.40 12.50 174.90	0.00 0.00 0.00 0.00
12281	Davis, Dave RW Herrick 00-1001	ME - ME9403 Closed MO	Fall, Slip or Trip Injury: On Ice or Specific Injury: Strain Trunk Low Back Area (Lumbar Area	12/30/02 01/08/03 03/25/03	IND MED EXP TOTAL	0.00 1,540.60 68.75 1,609.35	0.00 1,540.60 68.75 1,609.35	0.00 0.00 0.00 0.00
12282	Roderick, Doreen Central Maine Drywall 00-1001	ME - ME5445 Closed MO	Fall, Slip or Trip Injury: Slipped, Dfd Specific Injury: Strain Lower Extremities: Ankle	09/11/02 01/09/03 03/25/03	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00

Inia Surety Company, Inc. / Applied Underwriters
 ie of Client: Combined Management Inc
 y Number: 015-00010554
 y Period: 03/29/02 - 03/29/03
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in Number	Claimant Name Location Name Account #	State - NCCI Status Loss Type	Accident Description Nature of Injury Part of Body	Date of Injury Date Reported Date Closed	Expense Type	Incurred	Paid-to-Date	Outstanding
2283	Chamberlain, Don Jokas Discount Beverage 00-1001	ME - ME8017 Closed LT	Fall, Slip or Trip Injury: On Ice or Specific Injury: Fracture Lower Extremities: Foot	01/02/03 01/13/03 09/30/04	IND MED EXP TOTAL	2,032.13 1,323.58 58.15 3,413.86	2,032.13 1,323.58 58.15 3,413.86	0.00 0.00 0.00 0.00
2284	Reilly, Luke Alternative Warehouse Services 00-1001	ME - ME8018 Closed MO	Struck or Injured By - Includes Specific Injury: Puncture Lower Extremities: Upper Leg	11/30/02 01/16/03 03/14/03	IND MED EXP TOTAL	0.00 1,311.44 47.74 1,359.18	0.00 1,311.44 47.74 1,359.18	0.00 0.00 0.00 0.00
2285	Bryan, Almond Kalin Mason Trucking, Inc. 00-1001	ME - ME7229 Closed MO	Motor Vehicle; Vehicle Upset - Specific Injury: Contusion - bruise Multiple Body Parts: Multiple Body	01/02/03 01/16/03 10/08/03	IND MED EXP TOTAL	0.00 1,896.93 101.93 1,998.86	0.00 1,896.93 101.93 1,998.86	0.00 0.00 0.00 0.00
2286	Foss, Ernest Belangers Welding & Fabrication 00-1001	ME - ME3030 Closed LT	Cut, Puncture, Scrape, Injured By: Specific Injury: Puncture Upper Extremities: Fingers	01/14/03 01/20/03 02/22/03	IND MED EXP TOTAL	274.84 4,460.71 61.25 4,796.80	274.84 4,460.71 61.25 4,796.80	0.00 0.00 0.00 0.00
2288	Tyson, Kristen Northstar Connections, LCC 00-1001	ME - ME8810 Closed MO	Strain or Injury By: Reaching Specific Injury: Puncture Upper Extremities: Hand	01/15/03 01/22/03 04/05/03	IND MED EXP TOTAL	0.00 127.00 6.25 133.25	0.00 127.00 6.25 133.25	0.00 0.00 0.00 0.00
12290	Harrington, Alfre Coachworks, Inc 00-1001	ME - ME8393 Closed MO	Fall, Slip or Trip Injury: On Ice or Specific Injury: Strain Upper Extremities: Shoulder(s)	01/15/03 01/22/03 05/10/03	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
12291	Whitten, Randall Fritz Tire & Disposal, Inc. 00-1001	ME - ME7228 Open LT	Fall, Slip or Trip Injury: From Specific Injury: Strain Trunk: Low Back Area (Lumbar Area	01/20/03 01/22/03	IND MED EXP TOTAL	80,485.74 45,959.33 17,798.15 144,243.22	44,322.21 24,265.57 14,072.22 82,660.00	36,163.53 21,693.76 3,725.93 61,583.22
12293	Totos, Joshua Alternative Warehouse Services 00-1001	ME - ME8292 Closed MO	Fall, Slip or Trip Injury: On Same Specific Injury: Contusion - bruise Lower Extremities: Knee	01/23/03 01/31/03 04/05/03	IND MED EXP TOTAL	0.00 967.84 38.75 1,006.59	0.00 967.84 38.75 1,006.59	0.00 0.00 0.00 0.00



Date Prepared: 01/23/06
Valuation Date: 12/31/05

IR = Incident Report, MO = Medical Only, LT = Lost Time

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inia Surety Company, Inc. / Applied Underwriters
re of Client: Combined Management Inc
y Number: 015-00010554
y Period: 03/29/02 - 03/29/03
e: 19

ln Number	Claimant Name Location Name Account #	State - NCCI Status Loss Type	Accident Description Nature of Injury Part of Body	Date of Injury Date Reported Date Closed	Expense Type	Incurred	Paid-to-Date	Outstanding
2295	Robinson, Lawrence C&J Transport, Inc. 00-1001	ME - ME8380 Closed MO	Miscellaneous Causes: Foreign Specific Injury: Foreign Body Head: Eye(s)	01/31/03 02/05/03 04/05/03	IND MED EXP TOTAL	0.00 94.20 9.40 103.60	0.00 94.20 9.40 103.60	0.00 0.00 0.00 0.00
2296	Griffin, Wayne Crystal Spring Water 00-1001	ME - ME2156 Closed MO	Fall, Slip or Trip Injury: On Same Specific Injury: Strain Multiple Body Parts: Insufficient Info	02/07/03 02/12/03 04/12/03	IND MED EXP TOTAL	0.00 195.40 11.25 206.65	0.00 195.40 11.25 206.65	0.00 0.00 0.00 0.00
2299	McIver, Steven Crystal Spring Water 00-1001	ME - ME8810 Closed MO	Strain or Injury By: Lifting Specific Injury: Hernia Trunk: Abdomen Including Groin	02/12/03 02/20/03 03/29/03	IND MED EXP TOTAL	0.00 337.48 12.50 349.98	0.00 337.48 12.50 349.98	0.00 0.00 0.00 0.00
12300	O'Brien, Richard Coachworks, Inc 00-1001	ME - ME8393 Closed MO	Cut, Puncture, Scrape: NOC Specific Injury: Laceration Upper Extremities: Finger(s)	02/18/03 02/25/03 05/10/03	IND MED EXP TOTAL	0.00 790.40 17.20 807.60	0.00 790.40 17.20 807.60	0.00 0.00 0.00 0.00
12302	Cloutier, Ray Custom Power Control 00-1001	ME - ME5190 Closed MO	Strain or Injury By: Pushing or Specific Injury: Strain Upper Extremities: Wrist	02/11/03 02/27/03 05/21/04	IND MED EXP TOTAL	0.00 769.20 454.25 1,223.45	0.00 769.20 454.25 1,223.45	0.00 0.00 0.00 0.00
12303	Cloutier, Ray Custom Power Control 00-1001	ME - ME5190 Closed MO	Fall, Slip or Trip Injury: On Ice or Specific Injury: Strain Lower Extremities: Foot	02/14/03 02/27/03 06/25/03	IND MED EXP TOTAL	0.00 103.80 103.80 103.80	0.00 103.80 103.80 103.80	0.00 0.00 0.00 0.00
12304	Dumas, Sandy Jokas Discount Beverage 00-1001	ME - ME8017 Closed MO	Fall, Slip or Trip Injury: On Ice or Specific Injury: Strain Upper Extremities: Shoulder(s)	02/10/03 02/27/03 06/12/03	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
12305	Cyr, Eric Alternative Warehouse Services 00-1001	ME - ME8292 Closed MO	Strain or Injury By: Reaching Specific Injury: Strain Upper Extremities: Upper Arm	02/22/03 02/27/03 04/18/03	IND MED EXP TOTAL	0.00 361.30 17.50 378.80	0.00 361.30 17.50 378.80	0.00 0.00 0.00 0.00



Inla Surety Company, Inc. / Applied Underwriters
 re of Client: Combined Management Inc
 cy Number: 015-00010554
 cy Period: 03/29/02 - 03/29/03
 e: 20

Date Prepared: 01/23/06
 Valuation Date: 12/31/05
 IR = Incident Report, MO = Medical Only, LT = Lost Time

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in Number	Claimant Name Location Name Account #	State - NCCI Status Loss Type	Accident Description Nature of Injury Part of Body	Date of Injury Date Reported Date Closed	Expense Type	Incurred	Paid-to-Date	Outstanding
2306	Freddette, Dithie Alternative Labor Resources 00-1001	ME - ME8292 Closed MO	Caught In, Under, or Between: Specific Injury: Puncture Upper Extremities: Finger(s)	02/22/03 02/28/03 04/25/03	IND MED EXP TOTAL	0.00 329.88 13.05 342.93	0.00 329.88 13.05 342.93	0.00 0.00 0.00 0.00
2309	Wentworth, Nick Alternative Labor Resources 00-1001	ME - ME8D44 Closed MO	Strain or Injury By: Holding or Specific Injury: Contusion - bruise Neck: Multiple Neck Injury	03/04/03 03/12/03 04/18/03	IND MED EXP TOTAL	0.00 1,454.80 63.75 1,518.55	0.00 1,454.80 63.75 1,518.55	0.00 0.00 0.00 0.00
2310	Bretton, Justin Uni-Sim Corporation 00-1001	ME - ME2812 Closed MO	Cut, Puncture, Scrape, Injured By: Specific Injury: Puncture Upper Extremities: Finger(s)	03/08/03 03/12/03 06/12/03	IND MED EXP TOTAL	0.00 448.78 19.50 468.28	0.00 448.78 19.50 468.28	0.00 0.00 0.00 0.00
12311	Boulie, Matthew Alternative Warehouse Services 00-1001	ME - ME8292 Closed MO	Miscellaneous Causes: Other - Specific Injury: Strain Lower Extremities: Upper Leg	02/26/03 03/12/03 04/12/03	IND MED EXP TOTAL	0.00 237.30 23.30 260.60	0.00 237.30 23.30 260.60	0.00 0.00 0.00 0.00
12312	Keene, Mark Investment Recovery 00-1001	ME - ME8742 Closed MO	Strain or Injury By: Reaching Specific Injury: Strain Trunk: Low Back Area (Lumbar Area	03/10/03 03/14/03 05/10/03	IND MED EXP TOTAL	0.00 235.80 10.00 245.80	0.00 235.80 10.00 245.80	0.00 0.00 0.00 0.00
12313	Dupre, Roger Decorating Plus, Inc. 00-1001	ME - ME8017 Closed MO	Fall, Slip or Trip Injury: On Ice or Specific Injury: Strain Upper Extremities: Shoulder(s)	03/07/03 03/14/03 06/12/03	IND MED EXP TOTAL	0.00 681.56 3.15 684.71	0.00 681.56 3.15 684.71	0.00 0.00 0.00 0.00
12315	Marin, Shawn Alternative Warehouse Services 00-1001	ME - ME8044 Closed MO	Cut, Puncture, Scrape, Injured By: Specific Injury: Puncture Upper Extremities: Finger(s)	03/18/03 03/20/03 04/12/03	IND MED EXP TOTAL	0.00 258.20 16.25 274.45	0.00 258.20 16.25 274.45	0.00 0.00 0.00 0.00
12316	Shuffleburg, Bran Truckers International, Inc. 00-1001	ME - ME9078 Closed MO	Miscellaneous Causes: Other - Specific Injury: Strain Upper Extremities: Wrist	03/15/03 03/25/03 10/30/03	IND MED EXP TOTAL	0.00 1,150.43 1,150.43	0.00 1,150.43 1,150.43	0.00 0.00 0.00 0.00

inia Surety Company, Inc. / Applied Underwriters
 ie of Client: Combined Management Inc
 y Number: 015-00010554
 y Period: 03/29/02 - 03/29/03
 e: 21



Date Prepared: 01/23/06
 Valuation Date: 12/31/05

IR = Incident Report, MO = Medical Only, LT = Lost Time

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Line Number	Claimant Name Location Name Account #	State - NCCI Status Loss Type	Accident Description Nature of Injury Part of Body	Date of Injury Date Reported Date Closed	Expense Type	Incurred	Paid-to-Date	Outstanding
2317	Powell, Jeremy Investment Recovery 00-1001	ME - ME9014 Closed MO	Miscellaneous Causes: Other - Specific Injury: Strain Upper Extremities: Shoulder(s)	03/10/03 03/25/03 08/27/03	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
2318	Trask, George All Season Home Improvement 00-1001	ME - ME5645 Closed MO	Fall, Slip, Trip Injury: NOC Specific Injury: Strain Upper Extremities: Shoulder(s)	03/17/03 03/26/03 04/25/03	IND MED EXP TOTAL	0.00 2,172.72 44.75 2,217.47	0.00 2,172.72 44.75 2,217.47	0.00 0.00 0.00 0.00
2320	Libby, Mark Investment Recovery 00-1001	ME - ME9014 Closed MO	Strain or Injury By: Repetitive Motion Specific Injury: Strain Upper Extremities: Wrist	03/25/03 03/28/03 05/24/03	IND MED EXP TOTAL	0.00 187.40 6.25 193.65	0.00 187.40 6.25 193.65	0.00 0.00 0.00 0.00
2321	Harrington, Alfre Coachworks, Inc 00-1001	ME - ME8393 Closed MO	Strain or Injury By: Using Tool or Specific Injury: Strain Upper Extremities: Shoulder(s)	03/26/03 03/28/03 06/12/03	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
12322	Dickey, Arthur Alternative Labor Resources 00-1001	ME - ME8292 Closed MO	Strain or Injury By: Lifting Specific Injury: Strain Upper Extremities: Shoulder(s)	03/07/03 03/28/03 04/12/03	IND MED EXP TOTAL	0.00 245.80 11.25 257.05	0.00 245.80 11.25 257.05	0.00 0.00 0.00 0.00
12323	Podsen, Kenneth Northstar Connections, LCC 00-1001	ME - ME5191 Closed MO	Miscellaneous Causes: Foreign Specific Injury: Laceration Head: Eye(s)	03/26/03 03/28/03 06/12/03	IND MED EXP TOTAL	0.00 60.00 5.00 65.00	0.00 60.00 5.00 65.00	0.00 0.00 0.00 0.00
12325	Dumais, Sandy Jokas Discount Beverage 00-1001	ME - ME9079 Closed MO	Fall, Slip or Trip Injury: From Specific Injury: Strain Multiple Body Parts: Insufficient Info	02/23/03 04/04/03 08/23/03	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
12327	Rollins, Stephen Alternative Labor Resources 00-1001	ME - ME8044 Closed MO	Strain or Injury By: Using Tool or Specific Injury: Strain Trunk: Low Back Area (Lumbar Area	01/23/03 04/08/03 05/10/03	IND MED EXP TOTAL	0.00 1,015.31 39.90 1,055.21	0.00 1,015.31 39.90 1,055.21	0.00 0.00 0.00 0.00



Date Prepared: 01/23/06
Valuation Date: 12/31/05

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Date Filed: 6/12/2007 Page 31 of 42

IR = Incident Report, MO = Medical Only, LT = Lost Time

nia Surety Company, Inc. / Applied Underwriters
e of Client: Combined Management Inc
y Number: 015-00010554
y Period: 03/29/02 - 03/29/03
3: 22

1 Number	Claimant Name Location Name Account #	State - NOCI Status Loss Type	Accident Description Nature of Injury Part of Body	Date of Injury Date Reported Date Closed	Expense Type	Incurred	Paid-to-Date	Outstanding
2332	Lefebvre, Victor Joe Barnville Drywall 00-1001	ME - ME2710 Closed MO	Fall, Slip or Trip Injury: On Same Specific Injury: Strain Multiple Body Parts: Multiple Body	01/08/03 04/23/03 12/23/04	IND MED EXP TOTAL	0.00 1,546.15 5,723.69 7,269.84	0.00 1,546.15 5,723.69 7,269.84	0.00 0.00 0.00 0.00
2349	Nile, John C&J Transport, Inc. 00-1001	VA - ME7229 Closed MO	Fall, Slip or Trip Injury: On Ice or Specific Injury: Puncture Multiple Head Injury	12/09/02 08/28/03 08/28/03	IND MED EXP TOTAL	0.00 928.00 0.00 928.00	0.00 928.00 0.00 928.00	0.00 0.00 0.00 0.00
2354	O'Clair, Joanne Carter Trucking 00-1001	ME - ME7228 Closed LT	Strain or Injury By: Pushing or Specific Injury: Strain Upper Extremities: Shoulder(s)	06/01/02 10/06/03 10/26/04	IND MED EXP TOTAL	39,611.59 959.60 3,302.74 43,873.93	39,611.59 959.60 3,302.74 43,873.93	0.00 0.00 0.00 0.00
als for Policy:	015-00010554	Open Claims:	1	Closed Claims:	170	685,463.56	623,389.04	62,074.52



inia Surety Company, Inc. / Applied Underwriters
 ie of Client: Combined Management Inc
 y Number: 015-00010772
 y Period: 03/29/03 - 05/02/03
 e: 23

Date Prepared: 01/23/06
 Valuation Date: 12/31/05
 IR = Incident Report, MO = Medical Only, LT = Lost Time

Policy Number	Claimant Name Location Name Account #	Slate - NCCI Status Loss Type	Accident Description Nature of Injury Part of Body	Date of Injury Date Reported Date Closed	Expense Type	Incurred	Paid-to-Date	Outstanding
7420	Lavanway, Christopher Crystal Spring Water 00-1001	ME - ME7380 Closed IR	Fall, Slip or Trip Injury: From Specific Injury: Strain Trunk: Low Back Area (Lumbar Area)	04/03/03 04/04/03 05/05/03	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
7421	Giguelf, Rick Crystal Spring Water 00-1001	ME - ME7380 Closed IR	Fall, Slip or Trip Injury: On Ice or Specific Injury: Strain Lower Extremities: Lower Leg	04/01/03 04/03/03 05/05/03	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
7422	Dube, Diana Sherman Arnold Appliance 00-1001	ME - ME8810 Closed IR	Struck or Injured By - Includes Specific Injury: Contusion - bruise Trunk: Chest	04/02/03 04/04/03 05/05/03	IND MED EXP TOTAL	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
12328	Dixon, Jerod Investment Recovery 00-1001	ME - ME7231 Closed MO	Cut, Puncture, Scrape, Injured By: Specific Injury: Puncture Upper Extremities: Hand	04/09/03 04/11/03 06/12/03	IND MED EXP TOTAL	0.00 522.88 5.45 528.33	0.00 522.88 5.45 528.33	0.00 0.00 0.00 0.00
12331	Snowman, Jason Uni-Sim Corporation 00-1001	ME - ME2812 Closed MO	Cut, Puncture, Scrape: NOC Specific Injury: Laceration Upper Extremities: Hand	04/18/03 04/22/03 12/10/04	IND MED EXP TOTAL	0.00 3,729.80 20.65 3,750.45	0.00 3,729.80 20.65 3,750.45	0.00 0.00 0.00 0.00
12333	Savinelli, Jonath Waterville Elks Lodge 905 00-1001	ME - ME9079 Closed MO	Struck or Injured By - Includes Specific Injury: Puncture Lower Extremities: Toe(s)	04/21/03 04/24/03 06/18/04	IND MED EXP TOTAL	0.00 237.00 5.45 242.45	0.00 237.00 5.45 242.45	0.00 0.00 0.00 0.00
12335	Mcrae, Sean Northstar Connections, LCC 00-1001	ME - ME5191 Closed MO	Miscellaneous Causes: Foreign Specific Injury: Foreign Body Head: Eye(s)	04/17/03 05/05/03 06/12/03	IND MED EXP TOTAL	0.00 520.70 35.11 555.81	0.00 520.70 35.11 555.81	0.00 0.00 0.00 0.00
Stats for Policy:	015-00010772		Open Claims: 0	Closed Claims: 7		5,077.04	5,077.04	0.00
Stats for Insured:	Combined Management Inc		Open Claims: 1	Closed Claims: 177		690,540.60	628,468.08	62,074.52
Stats for Report:			Open Claims: 1	Closed Claims: 177		690,540.60	628,468.08	62,074.52

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Document #: 5-2

Date Filed 6/12/2007

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Customer Account No. 46-734112



Combined Management
67 Minot Ave
Auburn, ME 04210

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Dynamics

Profit Sharing Statement

Profit Calculation No. 2

Statement Date: 01/23/06

For the Period: 03/29/02 to 06/02/03

Questions? Changes? Comments?

Your account manager is:
Lary Bilman

Cell:

(888) 234-4414

Fax:

(402) 888-2583

Mail:

P.O. Box 3646

Omaha, NE 68103-0646

Important Information

Full Payment is Due Upon Receipt of this Statement

We funds to:

Security National Bank, Omaha, NE, FBO Applied Risk Services, Acct # 10001891, ABA Routing # 104000841.

This statement is a summary only. This statement reflects the combined activity under the statutory policy(s),
and participation agreements in force under this program.

Premium and Losses

Total Program Containment Premium - Audited

914,638.08

Incurred Losses as of: 12/31/06

680,640.60

Adjustment for Per Loss Limitation

-87,627.88

Program Losses

778,068.29

Loss Development Factor

1.10

Expected Losses

855,876.12

Program Maximum, Minimum and Expense Calculation

Maximum Cost Factor

1.25

Maximum Cost

1,143,297.60

Minimum Cost Factor

0.75

Minimum Cost

685,978.55

Expense Cost Factor

0.55

Expense Cost

603,060.94

Expense Cost + Expected Losses

1,358,926.06

Total Program Base Cost

1,143,297.60

Summary of Current Balance Due

Program Base Cost as of Profit Share Calculation

1,143,297.60

Loss Conversion (Program Losses * 10.00%)

69,054.08

Additional Fees

0.00

Taxes and Assessments

1,288.80

Total Cost

1,213,638.46

Cash Paid in as of Profit Sharing Calculation

934,736.98

LOC on File as of Profit Sharing Calculation

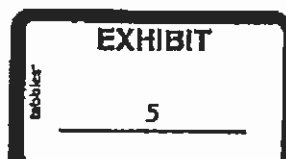
0.00

Total Paid In

934,736.98

TOTAL AMOUNT DUE NOW

278,901.48



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Premium Audit Statement

Regional Service Center
P.O. Box 3646
Omaha, NE 68103-0646Insured: Combined Management, Inc.
67 Minot Avenue
Auburn, ME 04210

Account Number: 46-734112

Invoice Date: 02/17/04

Broker: The Barrow Group
110 East Crogan Street
Lawrenceville, GA 30045Policy Number: 015-00010554
Policy Period: 03/29/02 to 03/29/03

Premium Audit covers period from: 03/29/02 to 03/29/03

Maine				
ME 2003	Bakery	5,539.00	4.41	244.27
ME 2156	Bowling	194,486.00	5.40	10,503.24
ME 2388	Embroidery	1,639.00	3.17	51.96
ME 2710	Sawmill	171,334.00	11.15	19,092.59
ME 2812	Cabinet Works	20,849.00	6.25	1,303.06
ME 2883	Furniture Mfg	20,714.00	4.85	1,004.63
ME 3030	Iron Steel	43,662.00	9.72	4,243.95
ME 3632	Machine Shop	196,133.00	4.49	8,806.37
ME 3821	Auto Dismantling	6,574.00	6.33	429.28
ME 4000	Sand & Gravel	31,128.00	7.07	2,200.75
ME 4360	Motion Picture	396,105.00	2.04	8,080.54
ME 4452	Plastic Mfg	71,147.00	4.96	3,528.89
ME 4511	Analytical Chemist	119,255.00	1.02	1,216.40
ME 4693	Pharmaceutical	200,985.00	2.76	5,547.19
ME 5012	Masonry	47,413.00	21.95	10,407.15
ME 5183	Plumbing	37,135.00	5.89	2,187.25
ME 5190	Electrical	31,526.00	3.89	1,226.36
ME 5191	Office Machines	234,791.00	1.23	2,887.93
ME 5221	Concrete	58,079.00	6.00	3,484.74
ME 5445	Wallboard	503,843.00	18.45	93,959.03
ME 5462	Glazier	45,383.00	12.45	5,650.18
ME 5479	Insulation	20,025.00	10.49	2,100.62
ME 5507	Street & Road	124,703.00	7.96	9,926.28
ME 5538	Sheet Metal	39,071.00	7.65	2,988.93
Page 1-Subtotal-ME				200,070.61
Page 2-Subtotal-ME				503,072.93
Total-Maine				703,143.54

	Final Totals			Total
	Payroll	Premium	State Fees	
Audited	15,982,406.00	703,143.54	0.00	703,143.54

EXHIBIT

6

If you have any questions regarding this audit, please contact your account manager at (402) 827-3421.

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Premium Audit Statement

Regional Service Center
P.O. Box 3646
Omaha, NE 68103-0646Insured: Combined Management, Inc.
67 Minot Avenue
Auburn, ME 04210

Account Number: 46-734112

Invoice Date: 02/17/04

Broker: The Barrow Group
110 East Crogan Street
Lawrenceville, GA 30045Policy Number: 015-00010554
Policy Period: 03/29/02 to 03/29/03

Premium Audit covers period from: 03/29/02 to 03/29/03

Class Code	Description of Work	Rate	Amount	Premium
Moine (Cont.)				
ME 5606	Executive Supervisor	141,031.00	2.50	3,525.78
ME 5645	Carpentry	91,064.00	12.86	11,710.43
ME 6504	Food Sundries	9,274.00	3.02	363.54
ME 7228	Trucking Local	74,151.00	12.64	9,372.69
ME 7229	Trucking Long Distance	287,411.00	12.36	35,524.00
ME 7231	Trucking Mail or Parcel Delivery	471,521.00	6.99	32,959.32
ME 7380	Driver, Chauffeurs	93,594.00	8.96	8,386.03
ME 8006	Gasoline Station	59,101.00	2.82	1,666.65
ME 8010	Store: Hardware	56,366.00	1.86	1,048.41
ME 8017	Store: Retail NOC	406,983.00	1.87	7,610.58
ME 8018	Store: Wholesale NOC	34,052.00	4.34	1,477.86
ME 8021	Store: Meat, Fish or Poultry Wholesale	162,296.00	4.45	7,222.17
ME 8044	Store: Furniture & Drivers	447,765.00	3.39	15,179.23
ME 8232	Building Materials	56,976.00	3.70	2,108.11
ME 8292	Storage Warehouse	3,003,782.00	7.07	213,367.39
ME 8380	Auto Service	813,639.00	4.17	33,928.33
ME 8385	Bus: Garage Employees	36,984.00	3.37	1,246.36
ME 8393	Auto Body Repair	439,045.00	3.97	17,430.09
ME 8601	Engineering	305,704.00	1.17	3,576.74
ME 8720	Inspection of risk	45,895.00	1.54	708.32
ME 8742	Salespersons	720,875.00	0.77	5,550.74
ME 8803	Auditing	50,853.00	0.19	96.62
ME 8810	Clerical Office NOC	3,893,613.00	0.51	19,852.33
ME 8832	Physician	5,853.00	0.74	43.30
ME 9014	Buildings-Operation by Contractors	321,569.00	5.04	16,207.08
ME 9015	Buildings-Operation by Owner or Lessee	3,326.00	4.43	147.34
ME 9061	Club NOC & Clerical	13,370.00	3.04	406.45
ME 9079	Bar, Lounge or Tavern	1,003,345.00	2.48	24,882.96
ME 9403	Garbage or Refuse Collection & Drivers	277,193.00	9.12	25,380.00
ME 9501	Painting: Shop & Drivers	3,988.00	3.53	140.78
ME 9521	House Furnishings Installation	31,280.00	9.76	3,052.93
				503,072.93

If you have any questions regarding this audit, please contact your account manager at (402) 827-3421.

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UNDERWRITERS

Premium Audit Statement

Regional Service Center
P.O. Box 3646
Omaha, NE 68103-0646Insured: Combined Management, Inc.
67 Minot Avenue
Auburn, ME 04210

Account Number: 46-734112

Invoice Date: 02/17/04

Broker: The Barrow Group
110 East Crogan Street
Lawrenceville, GA 30045Policy Number: 015-00010772
Policy Period: 03/29/03 to 05/02/03

Premium Audit covers period from: 03/29/03 to 05/02/03

CLASSIFICATION

		Maine		
ME 2003	Bakery	516.00	4.41	22.76
ME 2156	Bottling	18,116.00	3.40	978.26
ME 2388	Embroidery	153.00	3.17	4.83
ME 2710	Sawmill	15,931.00	11.13	1,778.54
ME 2812	Cabinet Works	1,942.00	6.35	121.38
ME 2883	Furniture Mfg	1,939.00	4.85	93.56
ME 3030	Iron Steel	4,067.00	9.72	395.31
ME 3632	Machine Shop	18,270.00	4.49	820.32
ME 3831	Auto Dismantling	0.00	6.53	0.00
ME 4000	Sand & Gravel	2,900.00	7.07	205.03
ME 4360	Motion Picture	36,897.00	2.04	752.70
ME 4452	Plastic Mfg	6,637.00	4.96	328.70
ME 4511	Analytical Chemist	11,109.00	1.02	113.31
ME 4693	Pharmaceutical	18,722.00	2.76	516.73

Page 1-Subtotal-ME	6,131.44
Page 2-Subtotal-ME	54,396.31
Page 3-Subtotal-ME	5,013.90
Total-Maine	65,440.85

Employers Liability	1.800%	1,832.34
Experience Modification	1.240	81,418.76
Merit Rating	1.000	81,418.76
Expense Constant	140.00	81,558.76

WC Board Admin. Fund Assessment	1.540%	1,286.80
Total State Fees-Maine		1,286.80

Final Totals			
	Payroll	Premium	State Fees
Audited	1,486,403.00	65,440.85	1,286.80
			Total
			66,727.65

If you have any questions regarding this audit, please contact your account manager at (402) 827-3421.

Case: 8:07-cv-00206-LSC-T-1

Document # 5-2

Date Filed: 3/12/2007

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Coverage
Dynamics™

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Classification of Work

		Maine (Cont.)		
ME 5072	Masonry	4,416.00	31.95	969.31
ME 5183	Plumbing	3,459.00	5.89	203.74
ME 5190	Electrical	2,937.00	3.89	114.25
ME 5191	Office Machines	21,871.00	1.23	269.01
ME 5221	Concrete	5,410.00	6.00	324.00
ME 5445	Wallboard	46,933.00	18.45	8,659.14
ME 5463	Gypsum	4,227.00	12.45	526.36
ME 5479	Insulation	1,865.00	10.49	195.64
ME 5507	Street & Road	11,616.00	7.96	924.63
ME 5538	Sheet Metal	3,640.00	7.65	278.46
ME 5606	Executive Supervisor	13,137.00	2.50	328.43
ME 5645	Carpentry	8,482.00	12.86	1,090.79
ME 6304	Food Sundries	864.00	3.92	33.87
ME 7128	Trucking Local	6,907.00	12.64	873.04
ME 7229	Trucking Long Distance	26,772.00	13.36	3,309.03
ME 7231	Trucking Mail or Parcel Delivery	43,923.00	6.99	3,070.15
ME 7310	Driver, Chauffeurs	8,719.00	8.96	781.23
ME 8006	Gasoline Station	3,305.00	2.82	155.24
ME 8010	Store: Hardware	5,230.00	1.86	97.65
ME 8017	Store: Retail NOC	37,910.00	1.87	708.92
ME 8018	Store: Wholesale NOC	3,173.00	4.34	137.66
ME 8021	Store: Meat, Fish or Poultry Wholesale	15,118.00	4.45	672.73
ME 8044	Store: Furniture & Drivers	41,700.00	3.39	1,413.94
ME 8332	Building Materials	5,307.00	3.70	196.36
ME 8392	Storage Warehouse	279,804.00	7.07	19,782.14
ME 8380	Auto Service	75,789.00	4.17	3,160.40
ME 8343	Bus: Garage Employees	3,443.00	3.37	116.10
ME 8393	Auto Body Repair	40,898.00	3.97	1,623.65
ME 8601	Engineering	28,477.00	1.17	333.18
ME 8720	Inspection of risk	4,285.00	1.54	65.99
ME 8743	Salespersons	66,763.00	0.77	514.08
ME 8803	Auditing	4,737.00	0.19	9.00
ME 8810	Clerical Office NOC	361,595.00	0.51	1,844.13
ME 8832	Physician	545.00	0.74	4.03
ME 9014	Buildings-Operation by Contractors	39,935.00	5.04	1,509.73
				54,296.51

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Class	Description of Work	Quantity	Unit Price	Amount
Misc (Cont.)				
ME 9015	Buildings-Operation by Owner or Lessee	310.00	4.43	13.73
ME 9061	Club NOC & Clerical	1,345.00	3.04	37.85
ME 9079	Bar, Lounge or Tavern	93,101.00	2.48	2,308.90
ME 9403	Garbage or Refuse Collection & Drivers	35,821.00	9.12	3,254.81
ME 9501	Painting: Shop & Drivers	372.00	5.53	13.13
ME 9521	House Furnishings Installation	2,914.00	9.76	284.41
Page 3-Subtotal-ME				3,012.90

If you have any questions regarding this audit, please contact your account manager at (402) 827-3421.

Larry Billman

From: Robert Murch [robertmurch@combinedmanagement.com]
Sent: Monday, February 27, 2006 5:53 PM
To: Larry Billman
Cc: Kevin Kilcoyne
Subject: RE: Profit Sharing Statement dtd 1/23/06

Good Morning Larry,

I apologize for not getting back to you sooner, but I have been on the road almost every day. Additionally, it seems that we go through this about every two years. I have an extensive file including an agreement with Applied Underwriters to consider the plan a guarantee program and you do not owe me any money and I do not owe you any money.

While I realize that you are only trying to do your job, this issue was resolved two years ago.

Robert

-----Original Message-----

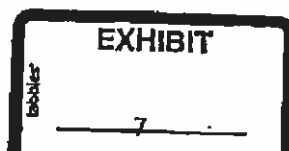
From: Larry Billman [mailto:lbillman@applieduw.com]
Sent: Monday, February 27, 2006 12:23 PM
To: robertmurch@combinedmanagement.com
Subject: Profit Sharing Statement dtd 1/23/06

Robert,

I have left several phone messages for you to call me regarding status of payment for the profit sharing calculation of 1/23/05. In that I have not had a response from you, I am sending this e-mail requesting you call me at 877-234-4420 ext. 4011 so as we can discuss payment arrangements for the outstanding balance of \$278,901.48. Your prompt attention to this matter is greatly appreciated.

Sincerely,
Larry Billman

6/7/2007



Larry Billman

From: Robert Murch [robertmurch@combinedmanagement.com]
Sent: Tuesday, March 28, 2006 3:56 PM
To: Larry Billman
Subject: RE: Profit Sharing stmt. 1/23/06

Good Afternoon Larry,

As I explained to you, we moved our business to a new location and we are looking through our records to find the Applied files. In the mean time, you had promised to send me a copy of the signed contract with Applied which to date I have not received.

Therefore, please consider this a formal request for a copy of any and all signed agreements between Applied Underwriters and Combined Management including contracts and any and all correspondence relating to Combined Management's agreement to use December 31, 2005 as the final cut off date or date for the final valuation.

Robert

-----Original Message-----

From: Larry Billman [mailto:lbillman@applieduw.com]
Sent: Thursday, March 23, 2006 4:02 PM
To: robertmurch@combinedmanagement.com
Subject: Profit Sharing stmt. 1/23/06

Robert,

I have not received your documentation stating that your original agreement was changed to a guarantee cost plan.
Please call me, so as we can come to a resolution on the outstanding balance due. If we cannot resolve this issue I will need to forward this debt to our Legal Dept.
My phone number is 877-234-4420 ext. 4011, your prompt attention to this matter is appreciated.

Larry Billman

6/7/2007

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Larry Billman

From: Larry Billman
Sent: Thursday, March 23, 2006 4:02 PM
To: 'robertmurch@combinedmanagement.com'
Subject: Profit Sharing stmt. 1/23/06

Robert,

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Larry Billman

Case: 8:07-cv-00206-LSC-1-1 Document #: 5-2 Date Filed: 2/12/2007 Page 42 of 42

Larry Billman

From: Larry Billman
Sent: Monday, February 27, 2006 11:23 AM
To: 'robertmurch@combinedmanagement.com'
Subject: Profit Sharing Statement dtd 1/23/06

Robert,

I have left several phone messages for you to call me regarding status of payment for the profit sharing calculation of 1/23/05.
In that I have not had a response from you, I am sending this e-mail requesting you call me at 877-234-4420 ext. 4011 so as we can discuss payment arrangements for the outstanding balance of \$278,901.48.
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